



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: BHCA, PC 2450 Fondren #312 Houston, TX 77063	MDR Tracking No.: M4-05-B308-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Co. Rep Box #: 54	Date of Injury:
	Employer's Name: Petra Environmental Inc.
	Insurance Carrier's No.: 99C/345918

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...a psychological exam 90801 and a 90885 evaluation were performed on this patient as the direction of the patient's treating physician. In accordance with TWCC 180.22, a report detailing those findings was generated 90889 and provided to the proper parties. In view of the above, we request the insurance carrier be ordered to issue payment for the services rendered..."

Principle Documentation:

1. Requestor's position summary
2. TWCC-60/Table of Disputed Services
3. CMS-1500
4. EOB

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...Regarding code 90889 and 90885 for this date of service, it is this carrier's position that based on the bundled status assigned to this code, no reimbursement is due..."

Principle Documentation:

1. Respondent's Position Summary

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
08/13/04	G	90885 – Evaluation of Records 90889 – Preparation of Report	1	\$00.00
TOTAL DUE				\$00.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled Medical Fee Guideline effective August 1, 2003, set out reimbursement guidelines.

1. CPT Codes 90885 and 90889 for date of service 08/13/04 were denied based on "G – The payment for this service is always bundled into payment for other services. Medicare CCI edits apply." According to Medicare these codes are considered Status B – Bundled codes and are never separately payable. Therefore, per Rule 134.202(b) reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.201
28 Texas Administrative Code Sec. §134.202

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor **is not** entitled to reimbursement.

Decision by:

Marguerite Foster

March 3, 2006

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.