



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (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-B327-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Zurich Insurance Co C/o Flahive Ogden & Latson Rep Box # 19	Date of Injury:
	Employer's Name: Spectrum Supply Chain Services
	Insurance Carrier's No.: 2230108338

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"G – Unbundling"... charges were originally submitted to carrier on 9/17/04 for psychological clinical interview and report completed on behalf of patient \_\_\_ 8/10/04. CPT Codes 90885 and 90889 were denied based upon "AB – the payment for this service is always bundled into payment for other service.

- Principle Documentation:
1. TWCC 60
  2. Position statement
  3. CMS 1500
  4. TWCC 62

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"Provider identifies this as a medical fee dispute concerning healthcare services provided on August 10, 2004 and is seeking reimbursement in the amount of \$160.65. Carrier asserts that Provider is not entitled to additional reimbursement because it is unbundling services in an attempt to increase its reimbursement."

- Principle Documentation:
1. TWCC 60
  2. Position statement

### 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)
08/10/04	G	90885 (Psychiatric evaluation)	1	\$00.00
08/10/04	G	90889 (Preparation Report)	2	\$00.00
<b>TOTAL DUE</b>				<b>\$00.00</b>

### 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. Code 90885 for dates of service 08/10/04 was denied as G – "Unbundling". Per Rule 134.202, the Carrier denied as "G" and made no payment as this Cpt Code is a status B Code and is not separately payable. Therefore, reimbursement is not recommended.
2. Code 90889 for dates of service 08/10/04 was denied as G – "Unbundling". Per Rule 134.202, the carrier denied as "G" and made no payment as this Cpt Code is a status B Code and is not separately payable. Therefore, 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  
28 Texas Administrative Code Sec. §134.202(b)(c)(1)

**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.

Ordered by:

Sandra Hernandez

02/ 08/06

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.**