



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor's Name and Address: Glenn J. Bricken, Psy. D. 25810 Oak Ridge Drive The Woodlands, TX 77380	MDR Tracking #:	M4-07-0806-01
	Claim #:	
	Injured Employee's Name:	
Respondent's Name and Box #: STATE OFFICE OF RISK MANAGEMENT REP BOX # : 45	Date of Injury:	
	Employer's Name:	State of Texas
	Insurance Carrier's #:	WC1739184

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

Requestor's Position Summary states, "We are requesting a review of this claim for our client Dr. Glenn J. Bricken, Licensed Psychologist. On 10-17-2005, Dr. Bricken performed a full Psychological Evaluation on patient [injured worker]. The carrier paid in full for a two (2) hour Diagnostic Interview (90801) performed. Though providing payment for this service, the carrier refused to pay for the required narrative report (99080), which is clearly documented in DWC guidelines (133.104)."

- Principle Documentation:
1. DWC 60 package
  2. CMS 1500's
  3. Medical Reports

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

Respondent's Position Summary states, "In review of the dispute packet the Office determined denial would be maintained for date of service 10/17/05, CPT code 99080 as global to 90801 and respectfully notes the requestor appears to be using an incorrect CPT code for reporting a report charge for psychiatric services. On 11/21/05 the Office received submitted billing from Bricken and Associates for the date of the date in dispute. An audit was performed and reimbursement was issued to Bricken and Associates in the amount of \$360.00, however CPT code 99080 was denied as a global service."

- Principle Documentation:
1. Position Summary
  2. DWC 60 package

### 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)
10/17/2005	97, B15/W4,	99080-N-4	1-4	\$0.00
TOTAL DUE				\$0.00

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

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

1. This dispute relates to procedure/service that was billed under CPT codes 99080-N4 for DOS 10/17/2005.
2. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 10/05/2006.
3. Based on Division Rule 133.307(d)(1-2), the only date of service eligible for review is 10/17/2005.

4. CPT code 99080-N-4 is defined as special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form. The insurance carrier denied reimbursement initially based upon, "CAC-97- payment is included in the allowance for another service/procedure." and "B15-Procedure/ Service is not paid separately." After reconsideration the insurance carrier denied reimbursement based upon, "W4-No additional reimbursement allowed after review of appeal/reconsideration." Per Rule 134.202, narrative reports are not global and may be reimbursed. A review of the CMS-1500 indicates that the Requestor utilized modifier "N-4"; this modifier is not contained in Rule 134.202. A narrative report is defined in Rule 133.106(e) as "...original documents explaining the assessment, diagnosis, and plan of treatment for an injured employee written or orally transcribed. Narrative reports shall provide information beyond that required by prescribed report forms. The narrative reports should be no more than double-spaced on letter size paper. Clinical or progress notes do not constitute a narrative report." The Requestor submitted the Confidential Psychological Evaluation report to support billing. The report of the Confidential Psychological Evaluation is global to that service. The Requestor did not submit a separate narrative report to support billing; therefore, no reimbursement is recommended.

Therefore it is the conclusion of the Medical Dispute Resolution that reimbursement is not due the Requestor.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

Texas Labor Code 413.011(a-d)  
28 Texas Administrative Code Sec. §134.1  
28 Texas Administrative Code Sec. §134.202  
28 Texas Administrative Code Sec. §133.307  
28 Texas Administrative Code Sec. §133.106

**PART VII: DIVISION DECISION**

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:**

05/30/07

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
Date

**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.**