



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Dr. Glenn J. Bricken 25810 Oak Ridge Drive The Woodlands, TX 77380	MDR Tracking #:	M4-07-1023-01
	Claim #:	
Respondent's Name: TRAVELERS PROPERTY & CASUALTY Box #: 05	Injured Employee's Name:	
	Date of Injury:	
	Employer's Name:	GLAZERS WHOLESALE DRUG CO INC.
	Insurance Carrier's #:	478CBAAR0818

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "The services provided were not bundled."

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

Principle Documentation: 1. 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)
10/10/05	W1	90801	1, 2, 3	\$0.00
10/10/05	GLBL, 97	90885	1, 4	\$0.00
10/10/05	GLBL	90887	1, 5	\$0.00
10/10/05	GLBL	90889	1, 6	\$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 procedures/services that were billed under CPT codes 90801, 90885, 90887, & 90889 for DOS 10/10/05. CPT code was denied by carrier with denial codes "W1 – Work Comp State fee schedule adjustment procedure. Code billed requires pre-authorization. If pre-auth was received reimbursement is made in accordance with the TX Work Comp Med Fee Guidelines". CPT codes 90885, 90887 & 90889 were denied by carrier with denial codes "97 – Pymt is included in the allowance for another service/PX. The service listed under this PX code are included in a more comp code which accurately describes the entire PX(s) performed",

2. CPT code 90801 is defined as psychiatric diagnostic interview examination, which includes taking the patient's history and assessing his/her mental status, as well as disposition. The psychiatrist may spend time communicating with family,

friends, co-workers, or other sources as part of this examination and may even perform the diagnostic interview on the patient entirely through other informative sources. Laboratory or other medical studies and their interpretation are also included. The Respondent correctly noted that this is not a timed procedure. The carrier denied this service with denial codes "W1 – Work Comp state fee schedule adjustment.

3. CPT code 90801 does not require pre-authorization. Per CMS-1500, the zip code 77380 is located in Montgomery County. The MFG MAR for CPT code 90801 in Montgomery County is \$184.80. The requestor billed multiple increments (\$360.00). The Respondent paid \$184.80; therefore, Per Rule 134.202 (C) (1), additional reimbursement is not recommended.

4. CPT code 90885 is defined as psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes. Per Rule 134.202(b) this is a bundled code and is not reimbursable.

5. CPT code 90887 is defined as interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient. Per Rule 134.202, this is a bundled code and is not reimbursable.

6. CPT code 90889: This procedure has a Medicare status of 'B' (bundled), therefore, per Rule 134.202 (b), this is a bundled code and is not reimbursable.

It is the conclusion of the Medical Dispute Resolution that additional 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

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 additional reimbursement.

Decision by:

05/16/07

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.