



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 #:	M4-07-1364-01
	Claim #:	
Respondent's Name: PACIFIC EMPLOYERS INSURANCE CO Box #: 15	Injured Employee's Name:	
	Date of Injury:	
	Employer's Name:	COMPAQ COMPUTER CORP
	Insurance Carrier's #:	001391018474WC01

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "Since the carrier refused to submit a full and complete explanation of benefits, we request a summary decision compelling Gallagher Bassett to remit payment in full with all interest accrued."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: Respondent did not submit a response.

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)
12/08/05	RA, W1	90801	1, 2, 3	\$0.00
12/08/05	R3, B1	90885	1, 4	\$0.00
12/08/05	R3, B1	90887	1, 5	\$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 for date of service 12/08/05. CPT 90801 was denied by carrier with denial codes "RA – Procedure code billing restricted /once per day", and "W1 – Work Comp State fee schedule adjustment procedure." CPT codes 90885 & 90887 were denied by carrier with denial codes "R3 – Included in another billed procedure", and "B1 - Non-covered visits."

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. This is not a timed code.

3. 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 (one unit). The Requestor is seeking \$180.00 and the Respondent paid \$180.00; therefore, no additional reimbursement is 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. Denial code "B1" is not applicable to Texas workers' compensation medical bill processing. 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. Denial code "B1" is not applicable to Texas workers' compensation medical bill processing Per Rule 134.202 (b); this is a bundled code and is not reimbursable.

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:

05/23/07

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.