Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

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, Texas 77380	MDR Tracking #. M4-07-3779-01 Claim #: Injured Employee:
Respondent's Name and Box #: TPCIGA for Reliance Insurance Box #50	Date of Injury: Employer's Name: Smith Mobley. Inc. Insurance Carrier's #: RNWC H 42 01016

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "Mr. White was seen under the auspices of an emergency consult….Per Division Rule 134.600(c)(1)(A) the carrier is liable for any emergency fitting the profile of those outlined in §134.600(c)(1)(A)" and "By asserting that the 90885, the 90887, and the 90889 were to be included with another service, the carrier is attempting to deny the claims under the auspices of "unbundling," this is not applicable due to the fact that each is [sic] distinct procedure. The services provided were not unbundled."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. Medical Reports
4. Explanation of Benefits

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in par …"per rule 134.202(b), codes 90885, 90887, and 90889 are global to 90801 and no recommendation will be made for these codes."

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)
02/23/2006	97	90885	1-4	$0.00
02/23/2006	97	90887	1,2,3,5	$0.00
02/23/2006	97	90889	1,2,3,6	$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.

On 05/18/2007 the Requestor withdrew CPT code 90801 for DOS 02/23/2006 therefore CPT code 90801 will not be addressed in this decision.

1. This dispute relates to procedures and services that were billed under CPT codes 90885, 90887, 90889 for DOS 02/23/2006.

2. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 02/22/2007.

3. Based on Division Rule 133.307(d) (1-2), the only date of service eligible for review is 02/23/2006.

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. The Respondent denied reimbursement based upon "97—Payment is included in the allowance for another serviced/proc. The service listed under this PX code are included in a more comp code which accurately describes the entire PX(s) performed." Upon request for reconsideration, services were again denied reimbursement based upon "97—Payment is included in the allowance for another serviced/proc. The service listed under this PX code are included in a more comp code which accurately describes the entire PX(s) performed." 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. The Respondent denied reimbursement based upon "97—Payment is included in the allowance for another serviced/proc. The service listed under this PX code are included in a more comp code which accurately describes the entire PX(s) performed." Upon request for reconsideration, services were again denied reimbursement based upon "97—Payment is included in the allowance for another serviced/proc. The service listed under this PX code are included in a more comp code which accurately describes the entire PX(s) performed." Per Rule 134.202(b), this is a bundled code and is not reimbursable.

6. CPT code 99889 is defined as preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies or insurance carriers. The Respondent denied reimbursement based upon "97—Payment is included in the allowance for another serviced/proc. The service listed under this PX code are included in a more comp code which accurately describes the entire PX(s) performed." Upon request for reconsideration, services were again denied reimbursement based upon "97—Payment is included in the allowance for another serviced/proc. The service listed under this PX code are included in a more comp code which accurately describes the entire PX(s) performed." Per Rule 134.202(b), this is a bundled code and is not reimbursable.

Therefore, it is the conclusion of the Medical Dispute Resolution that no additional reimbursement is due the Requestor.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §133.307, §134.1 and §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 reimbursement.

Decision by:

		05/24/2007
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.