



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 #:	M4-07-4239-01
	Claim #:	
	Injured Employee:	
Respondent's Name and Box #: The Travelers Companies Box #05	Date of Injury:	
	Employer's Name:	Lehigh Cement Company
	Insurance Carrier's #:	478CBAAR1127

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "90801 is a timed procedure. It is not held to the same standard under TDI/DWC as it is under Medicare. 90885, 90887 and 99080 are not global/bundled to 90801." "...the TDI/DWC fee schedule is not at [sic] carbon copy of Medicare's, it is rather a modified version thereof. While Medicare will only reimburse one unit of the 90801, this is not the case under Worker's Compensation guidelines per Division rule §134.2029(c) (1)...While this passage gives some correlation to Medicare regarding the RATE of reimbursement, it does not speak to the QUANTITY or number of services to be performed." "By asserting that both 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 a distinct procedure. The services provided were not unbundled."

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states "The Carrier maintain there [sic] position that they do not owe any additional medical benefits to Bricken & Assoc. PC. The bill has been processed correctly. One hour diagnostic interview is reasonable."

- 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)
03/27/2006	W1	90801	1-4	\$0.00
03/27/2006	97	90885	1,2,3,5	\$0.00
03/27/2006	97	90887	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.

1. This dispute relates to procedures/services that were billed under CPT codes 90801, 90885, 90887 for DOS 03/27/2006.
2. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 03/13/2006.
3. Based on Division Rule 133.307(d) (1-2), the only date of service eligible for review is 03/27/2007.
4. 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 denied reimbursement based upon “W1—Work comp state fee schedule adjustment procedure code billed requires preauthorization, if preauth was received reimbursement is made in accordance with the Tx work comp med fee guidelines.” Upon request for reconsideration, services were again denied for W1—Work comp state fee schedule adjustment procedure code billed requires preauthorization, if preauth was received reimbursement is made in accordance with the Tx work comp med fee guidelines.”

Per the CMS-1500, the zip code is 77380 which is located in Montgomery County. Per rule 134.202, the MFG MAR for CPT code 90801 in Montgomery County is \$183.81. This is not a timed procedure. The Respondent paid \$183.81 therefore, additional reimbursement is not recommended.

5. 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 service/PX. The service listed under this PX code are included in a more comp code which accurately describes the entire PX(s) per-med.” Upon request for reconsideration, services were again denied for “97—Payment 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) per-med.” Per Rule 134.202(b) this is a bundled code and is not reimbursable.

6. 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 service/PX. The service listed under this PX code are included in a more comp code which accurately describes the entire PX(s) per-med.” Upon request for reconsideration, services were again denied for “97—Payment 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) per-med.” 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 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. §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 additional reimbursement.

Decision by:

05/22/2007

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.