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, TX 77380	MDR Tracking #: M4-07-5157-01 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 #:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: Requestor did not submit a position summary, however, the Rationale on the Table of Disputed Services states," 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 the 90801. Additionally we feel there is a precedent in the payment of narrative reports that is worthy of consideration."

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, " The Office will maintain denial of date of service 04/20/06, CPT codes 90885 and 90887 as global to CPT code 90801 based on the Ingenix RBRVS coding manual that states the CPT code is a status B code. The manual indicates that the service is always bundled in a payment for another service. Attached marked (Exhibit I) is a copy of the Ingenix RBRVS manual in support of the Office's position. The Office further notes that additional reimbursement for CPT code 90801 will remain denied as payment was issued in accordance with the 2002 Medical Fee Guideline as a single unit. In the Healthcare Technical Update published by TDI, DWC in February 2006 CPT code 90801 was specifically addressed as no longer reimbursed as a timed codes, but rather as a single unit, regardless of the amount of time spent on a diagnostic interview in addition to the status "B" codes."

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)
04/20/2006	151, RA2/18,R1,W4	90801 x 2		$0.00
04/20/2006	B15,R38/18,R1,W4	90885 x 1		$0.00
04/20/2006	B15,R38/18,R1,W4	90887 x 1		$0.00
04/20/2006	136,50/18,R1,W4	99080 x 1		$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, 99080 for DOS 04/20/2006.

2. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 04/12/2007.

3. Based on Division Rule 133.307(d)(1-2), the only date of service eligible for review is 04/20/2006.

4. CPT code 90801x 2 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 insurance carrier denied reimbursement initially based upon, "151-Payment adjusted/undocumented services." & "RA2-Procedure Code Billing Restricted/Once per Day". After reconsideration The insurance carrier denied reimbursement based upon, "18-Duplicate Claim/ Service.", "R1- Duplicate Billing.", and "W4-No additional payment after review." The Respondent correctly noted that this is not a timed procedure.

Per CMS-1500, the zip code 77380 is located in Montgomery County. The MFG MAR for CPT code 90801 in Montgomery County is $183.82/per unit. The Respondent paid $180.00; which is the amount the requestor listed as is in dispute, therefore, additional reimbursement is not recommended.

5. CPT code 90885 x 1 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 insurance carrier denied reimbursement initially based upon "B15-Procedure/ Service is not paid separately." and "R38-Included in another billed procedure." After reconsideration The insurance carrier denied reimbursement based upon, "18-Duplicate Claim/ Service.", "R1- Duplicate Billing.", and "W4-No additional payment after review." Per Rule 134.202(b) this is a bundled code and is not reimbursable.

6. CPT code 90887 x 1 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 insurance carrier denied reimbursement initially based upon "B15-Procedure/ Service is not paid separately." and "R38-Included in another billed procedure." After reconsideration The insurance carrier denied reimbursement based upon, "18-Duplicate Claim/ Service.", "R1- Duplicate Billing.", and "W4-No additional payment after review." Per Rule 134.202(b), this is a bundled code and is not reimbursable.

7. CPT code 99080-N4 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 "136-Not a requested/authorized report." and "50-Service not Deemed 'Medically Necessary' by payer." After reconsideration The insurance carrier denied reimbursement based upon, "18-Duplicate Claim/ Service.", "R1- Duplicate Billing.", and "W4-No additional payment after review." 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 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.