

MDR Tracking Number: M5-03-0921-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12-5-02.

### **I. DISPUTE**

Whether there should be reimbursement for CPT code 76000.

### **II. RATIONALE**

1. The insurance carrier denied reimbursement for CPT code 76000WP on 4-29-02 and 5-13-02, based upon "G – included in global charge."
2. On July 21, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.
3. The requestor did not submit medical records to support position that CPT code 76000WP was not global to any of the other procedures rendered on disputed dates. Therefore, no reimbursement is recommended.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code(76000).

The above Findings& Decision are hereby issued this 4<sup>th</sup> day of September 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division