

MDR Tracking Number M4-05-0024-01

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 8-30-04.

I. DISPUTE

Whether there should be reimbursement for CPT code 20610-RT rendered on 6-4-04.

II. RATIONALE

Review of the requestors' position statement as listed on the table of disputed services, states in part, "...20610 has been denied stating that it is global to 27570. Per the CCI edits to the Global Service Data, 20610 is NOT global to 27570..."

Review of the respondent's position statement dated 9-16-04 states in part, "...According to the provider's table of disputed services, the only charge in dispute related to CPT 20610 which the provider states has a MAR of \$84.56... The provider has improperly attempted to unbundled charges that are global to the CPT codes that have been reimbursed... CPT codes 20610 and 27570 are to be included in CPT code 29876...Thus, no further reimbursement is due..."

Per Ingenix EncoderPro CCI edits, code 20610 is considered by Medicare to be a component of code 29876. A modifier is allowed in order to differentiate the services provided. A separate payment may be considered justifiable if a modifier is used appropriately. 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 20610-RT.

The above Findings and Decision is hereby issued this 30th day of November 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division