



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

**Type of Requestor:** (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address:  
Charles Breckenridge, M.D.  
601 Texas Trail, #300  
Corpus Christi, Texas 78411

MDR Tracking No.: M4-05-2627-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:  
State Office Of Risk Management

Date of Injury:

Employer's Name: State Of Texas

Rep Box # 45

Insurance Carrier's No.: WC2226553

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"All four of these procedures were done in a separate compartment. Per AADS & Medicare 'bundling' guidelines. These should all four be paid with modifier 59. Indicating separate compartment. Medicare pays all four of these procedures with modifier 59."

- Principle Documentation:
1. Requestor's position statement
  2. TWCC 60/Table of Disputed Services
  3. CMS 1500
  4. Explanation of Benefits
  5. Operative Report

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"The State office of Risk Management will allow supplemental payment with applicable interest for the CPT code 29826-59 based on review of the operative notes which provides evidence of three incisions (posterior, lateral, and anterior portals). However, the CPT code 29823-59 denial per PEC code 'G' remains based on the nature of this procedure and the NCCI edits, this service is global/inclusive to the other surgical services performed..."

- Principle Documentation:
1. Respondent's position statement
  2. TWCC 60/Table of Disputed Services
  3. Explanation of Benefits
  4. Evidence of reimbursement for CPT Code 29826

### 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)
12/31/03	G	29823-59 (Shoulder arthroscopy/surgery, debridement, extensive)	1	\$709.65
TOTAL DUE				\$709.65

### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, set out reimbursement guidelines.

1. This dispute is related to CPT code 29823 (Shoulder arthroscopy/surgery, debridement, extensive) for date of service 12/31/03, and was denied as "G—Unbundling (Included in Global).

- CPT Code 29823-59 for date of service 12/31/03 was denied as “G—Unbundling, Included in Global”. The insurance carrier reimbursed the requestor \$00.00. According to the CMS CCI edits CPT Code 29823 is considered a component procedure of CPT Code 29824 unless it is billed with a modifier to substantiate payment. The Requestor’s CMS-1500 supports that this code was billed with modifier –59; therefore, separate payment for the services billed are considered justifiable and unbundling is not an issue. Per Rule 134.202 reimbursement shall be according to Medicare plus 125%. Medicare pricing is \$709.65 (\$567.72 x 125% = \$709.65). Therefore, reimbursement in the amount of \$709.65 is recommended.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.201  
28 Texas Administrative Code Sec. §134.202

**PART VII: DIVISION DECISION AND ORDER**

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** entitled to reimbursement **in the amount of \$709.65**.

Ordered by:

01/13/06

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date of Order

**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.**