



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: Texas Back Institute P.O. Box 262409 Plano, TX 75026-2409	MDR Tracking No.: M4-05-4513-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: American Motorists Insurance Co. Rep. Box #42	Date of Injury:
	Employer's Name: K S Management Services LLP
	Insurance Carrier's No.: 460CM045581W

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "Not paid according to medicare guidelines."

"We have billed and appealed two procedures on the above patient with Broadspire. They have continued to deny procedure code 64483. The denial is for 'Fee Guideline MAR Reduction.

We also billed procedure code 64483.50 in the amount of \$128.88. According to the EOB, it was not audited with the '50' modifier it was billed with. This is a bilateral procedure and according to Medicare Guidelines should pay 150%. The procedure was performed on both sides of the body."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOBs
4. Medical Reports

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "The provider has failed to meet it's burden of proof to establish that it's charges and the amounts requested are "fair and reasonable" and comply with Section 413.011(b) of the Texas Labor Code and Commission rules. The Carrier's reimb. Complies with the requirements of Section 413.011(b) of the Texas Labor Code and Commission rules, and is "fair and reasonable. Payment of \$157.14 made on 7/9/04."

Principle Documentation: 1. Response to DWC 60

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)
6-9-04	F	64483-50	1-2	\$00.00
TOTAL DUE				\$00.00

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 procedure and was denied as Fee Guideline MAR reduction \$0.00. Code 64483-50 Per the fee schedule bilateral procedures are to be billed on one line and reimbursed at 150% of the allowable on one line. This claim was previously reviewed on 8/23/04. We stand by our previous denial."

2. CPT code 64483 is defined as "Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level." CPT code 64483's MAR is \$404.79. This amount times 50% for multiple procedures = \$202.39. The operative report states that claimant underwent, "Bilateral L3 selective nerve root injection of steroid and anesthetic." Based upon the code descriptor, this injection is reimbursable per single level, regardless if performed bilaterally. The EOBs indicate that the insurance carrier paid for one 64483 rendered on this date. Therefore it is the conclusion of the Medical Dispute Resolution Division 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. §134.1
28 Texas Administrative Code Sec. §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:

Elizabeth Pickle, RHIA

September 21, 2006

Authorized Signature

Typed Name

Date of Decision

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.