



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

|  |                                     |
|--|-------------------------------------|
| <b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier                            |                                     |
| Requestor's Name and Address:<br>Azalea Orthopedic and Sports Medicine<br>3414 Golden Road<br>Tyler, TX 75701            | MDR Tracking No.: M4-05-5515-01     |
|  | Claim No.:                          |
|  | Injured Employee's Name:            |
| Respondent's Name and Address:<br>East TX Educational Insurance Association<br>C/o Cunningham Lindsey US, Inc.<br>Box 11 | Date of Injury:                     |
|  | Employer's Name: Hawkins I.S.D.     |
|  | Insurance Carrier's No.: ETED991690 |

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

The Requestor's position summary states in part, "...This date has been denied by the insurance company due to the filing of a TWCC-21 stating claim on the patient has denied due to extent of injury..."

Principle Documentation:

1. TWCC-60
2. Requestor's position summary
3. CMS 1500's
4. Operative Report

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

The Respondent's position summary states in part, "...We are returning the TWCC 60, respondent's information, on this medical dispute filed by Azalea Orthopedic & Sports for date of service 4-12-04. Enclosed is also a copy of the dispute filed on this claim, which supports our denial..."

Principle Documentation: 1. TWCC-60 response

### 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) |
|--------------------|-------------|----------------------------|------------------|--------------------------------|
| 04/12/04           | 229         | 29879 – Knee Arthroscopy   | 1                | \$727.50                       |

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

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

This dispute relates to CPT Code 29879-RT – Knee Arthroscopy that was denied as “229 – Procedure does not appear related to the injury and/or diagnosis and 11 – The diagnosis is inconsistent with the procedure.” On October 4, 2005 both parties agreed that the injury of 9/17/99 does extend to and include the degenerative changes of the right knee; the parties also agreed that the synovial chondromatosis is a metaplasia disease and a separate diagnosis that is not related to the original injury. Both parties signed the TWCC-24.

1. According to the operative report both the preoperative and postoperative diagnosis' is degenerative disc disease, right knee. Therefore, per §134.202(b) and the CMS Fee Schedule the treatment provided to the injured worker support the services were rendered as billed.

Therefore it is the conclusion of the Medical Review Division that additional reimbursement in the amount of \$727.50 is due the requestor.

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

28 Texas Administrative Code Sec. § 413.011(a-d)  
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 additional reimbursement **in the amount of \$727.50**.

Ordered by:

Marguerite Foster

November 10, 2005

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.**