



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:
Jacob Rosenstein, M.D.
800 W. Arbrook Blvd. #150
Arlington, TX 76015

MDR Tracking No.: M4-05-5899-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:
American Home Assurance Co.
Rep Box # 19

Date of Injury:

Employer's Name: Wal Mart Stores Inc.

Insurance Carrier's No.: C1270224

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

According to the Requestor in a letter dated 3-28-03, "The reason code 01999 is being used is that it correctly identifies the anesthetic technique, as well as, the surgical approach when one is performing a lumbar facet injection. The technique involved in performing a facet injection, both from the anesthetic standpoint as well as from the technical standpoint, is identical to the approach and technique used for a lumbar discogram...the patient is placed in a prone position. The back is prepped and draped. The entry points to the facet and/or the disc is identified with the fluoroscope. This area then is anaesthetized with local anesthetic. In addition to this, the patient is given intravenous anesthetic agents to sedate the patient. Both procedures are done with the patient awake, but under sedation."

Principle Documentation:

1. Requestor's position statement
2. EOBs
3. HCFA1500.s
4. Operative Report
5. Anesthesia Report

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

"There was no recommendation of reimbursement for this review, which is for the disputed amount of \$200.00. Please refer to the attached Explanation of Benefits Report."

The EOB indicates that 01999 was denied based upon "T – Not According to Treatment Guidelines; and The valued of this procedure is included in the value of another procedure performed on this date."

Principle Documentation: 1. Respondent's position statement
2. Explanation of Benefits (EOB)

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)
4-18-02	G, T	01999 – Unlisted Anesthesia Code	1	\$200.00
TOTAL DUE				\$200.00

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

1. Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.201 titled (Medical Fee Guideline For Medical Treatments and Services Provided Under the Texas Worker's Compensation Act) effective April 1, 1996, sets out reimbursement guidelines.

This dispute relates to procedures code 01999 – Unlisted Anesthesia Code.

The requestor billed CPT codes 64442, 64443 (x2), 01999 and 76000WP on the disputed date of service. Per Anesthesia GR (V)(D), “For diagnostic or therapeutic nerve blocks performed by the surgeon, anesthesiologist, or CRNA, only one reimbursement per procedure shall be allowed, regardless of the time required. (See codes 62274 – 62279, 64400-64530).” The facet injections billed under code 64442 and 64443 are identified in this ground rule, and is reimbursable. Therefore, 01999 is not global to facet injections.

A review of the report indicates procedure started at 1600 and stopped at 1613 = 13 minutes.

The HCFA1500 indicates 1 unit of 01999 was billed. 01999 is a DOP procedure.

HB2600 abolished the treatment guidelines effective 1-1-02. Therefore, the insurance carrier was incorrect to deny reimbursement based upon “T.”

The insurance carrier did not dispute the amount billed as fair and reasonable. Therefore, reimbursement of \$200.00 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. § 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
Anesthesia GR (V)(D)
HB-2600

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 \$200.00**.

Ordered by:

Elizabeth Pickle, RHIA

11/30/05

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.