



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: Azalea Orthopedic & Sports 3414 Golden Road Tyler, TX 75101	MDR Tracking No.: M4-05-6907-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Commerce & Industry Insurance C/o Flahive, Ogden & Latson Box 19	Date of Injury:
	Employer's Name: Garrett Callahan Co., Inc.
	Insurance Carrier's No.: 149143189

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor did not submit a position summary; however, the Requestor's rational on the Table of Disputed Services states, "We faxed a request for reconsideration on date of service 080304. We have not received a payment or a denial regarding our appeal. We seek resolution regarding this bill."

Principle Documentation:

1. DWC-60
2. CMS 1500's
3. EOB's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...The carrier would show that the services claimed to have been provided by the provider represent unbundling as those services are inclusive of other billed services. The provider also billed in excess of what is fair and reasonable..."

Principle Documentation: 1. Position Summary
2. EOBs

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date of Service	CPT Code or Description	Part V Reference	Additional Amount Due (if any)
08/03/04	29826-59 – shoulder arthroscopy	1	\$280.00

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, sets out reimbursement guidelines.

This dispute relates to procedure 29826-59 (shoulder arthroscopy) and was denied as "F – Fee Guideline MAR reduction"; however, the Respondent contends that the services the Requestor has billed "represent unbundling as those services are inclusive of other billed services". According to CMS guidelines and policies the disputed CPT code is considered bundled to the primary procedure code billed on the HCFA-1500 unless it is billed with a modifier. The Requestor's HCFA-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.

1. Per §133.307(g)(3)(B) the Division notified the Requestor, via mail, on May 10, 2005 to submit any pertinent documentation, i.e. operative report; the Requestor did not submit any documentation to support modifier –59 was used as a distinct procedural service

Therefore it is the conclusion of the Medical Review Division that no additional reimbursement 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
28 Texas Administrative Code Sec. 133.307

PART VII: DIVISION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to additional reimbursement.

Decision 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.