



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

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| Type of Requestor: (x) Health Care Provider () Insurance Carrier | |
| Requestor's Name and Address: BG Anesthesia 3508 22 nd Place Lubbock, Texas 79410 | MDR Tracking No.: M4-07-0139-01 |
| | Claim No.: |
| | Injured Employee's Name: |
| Respondent's Name and Box #: Texas Mutual Insurance Company Rep Box # 54 | Date of Injury: |
| | Employer's Name: HALLS LUMBER INC |
| | Insurance Carrier's No.: 99F0000431892 |

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

1. DWC-60
2. Position Statement
3. CMS-1500
4. EOB
5. Medical Records

Position Summary: "...National Correct coding Initiative...states that if the 59 modifier is appended to the code, which indicates the service is independent of the anesthesia service; the codes will be separately paid ..."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

1. DWC-60
2. Position statement

Position Summary: "...it is this carrier's position that the nerve block in dispute was global to the monitored anesthesia care billed under code 01630 and reimbursement for code 01630 included reimbursement for code 64415..."

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) |
|--------------------|-------------|----------------------------|------------------|--------------------------------|
| 12/2/05 | C97 | 64415-59 | 1 | \$94.00 |
| TOTAL | | | | \$94.00 |

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

The request for medical dispute in this case was received on 9/1/06.

1. The Requestor states "...National Correct coding Initiative...states that if the 59 modifier is appended to the code, which indicates the service is independent of the anesthesia service; the codes will be separately paid..." The Respondent denied payment of code 64415-59 with reduction code of "C97 – Payment is included in the allowance for another service/procedure. Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure. This charge was reduced in accordance to the Texas Medical Fee Guidelines." Per 28 Texas Administrative Code Sec. 134.202 (b), CPT code 64415-59 is considered to be component procedure of CPT code 01630 unless it is billed with modifier –59. The Requestor's CMS-1500 supports that this code was billed with modifier –59. Therefore, reimbursement in the amount of \$94.00 ($75.62 \times 125\% = \94.00) is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code, Sec. §413.031
28 Texas Administrative Code Sec. 134.202 (b)
28 Texas Administrative Code Sec. 134.1

PART VII: DIVISION FINDINGS AND 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** entitled to additional reimbursement **in the amount of \$94.00** plus all accrued interest due at the time of payment to the Requestor within 30 days receipt of this Order.

Order by:

James Schneider

11/ 10 /06

Authorized Signature

Typed Name

Date

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of a medical dispute resolution, findings and decisions 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.