



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:

BG Anesthesia
3508 22nd Place
Lubbock, Texas 79410

MDR Tracking No.: M4-07-0140-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

Texas Mutual Insurance Company

Rep Box # 54

Date of Injury:

Employer's Name: Irrigation Pumps & Power, Inc.

Insurance Carrier's No.: 99F0000406125

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's Position Summary as stated on Table of Disputed Services states: "According to the NCCI edits, Chapter 2. doc Version 11.3, page 5—the 59 modifier indicates this was an independent procedure of the anesthesia service. Per rule 134.202(b) and CMS, this code is a component of the anesthesia code; however a modifier is allowed."

Principle Documentation:

1. DWC 60 package
2. CMS 1500s
3. EOBs
4. Operative Report

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's Position Summary states in part, "...It is the carrier's position that the block was adjunct to the anesthetic, therefore reimbursement for the block was provided in the reimbursement for the services billed with code 01630. The documentation supports that the nerve block was NOT 'distinct or independent' as it was performed during the time frame for which the requester also billed MAC..."

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)
01/03/06	97, 217/ W4, 891, 435	64415-59	1-3	\$93.81
TOTAL DUE				\$93.81

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 64415-59 for date of service 01/03/06 that was denied as "97—Payment is included in the allowance for another service/procedure", 217—The value of this procedure is included in the value of another procedure performed on this date" and "W4—No additional reimbursement allowed after review of appeal/reconsideration, 97—Payment is included in the allowance for another service/procedure, 891—"This insurance company is reducing or denying payment after reconsideration, and 435—Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure".

2. Per Rule 134.202(b), CPT code 64415 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, separate payment for the services billed is considered justifiable.
3. Therefore, per Rule 134.202(d)(2), reimbursement in the amount of \$93.81 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code, Section §413.011(a-d)
 28 Texas Administrative Code Sec. §134.1
 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 reimbursement in the amount of \$93.81 plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

		11/08/06
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.