



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 22 nd . Place Lubbock, TX 79410	MDR Tracking No.: M4-07-0220-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Texas Mutual Insurance Co. Rep Box # 54	Date of Injury:
	Employer's Name: MS Doss Youth Center Inc.
	Insurance Carrier's No.: 99G0000447418

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...General anesthesia performed for surgical procedure. 64448-59 performed for post-op pain control..."

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOBs
4. LCD for monitored anesthesia care

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...It is the carrier's position that the nerve block in dispute was global to the monitored anesthesia care billed under code 01400 and reimbursement for code 01400 included reimbursement for code 64448..."

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)
05/12/06	97,217, W4,891 435	64448-59-Injection	1	\$185.01
TOTAL DUE				\$185.01

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. CPT Code 64448-59 for date of service 05/12/06 denied with "97-Payment is include 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", "W4-No additional reimbursement allowed after review of appeal/reconsideration", "891-Insurance company is reducing or denying payment after reconsideration", "435-Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure". Per Rule 134.202(b) CPT Code 64448 is considered to be a component procedure to CPT code 01400; however a modifier is allowed to differentiate between the services provided. The Requestors CMS-1500 supports that this code was billed with a modifier -59; therefore per Rule 134.202(c) (1) reimbursement in the amount of \$185.01 is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code Sec. 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 additional reimbursement in the amount of **\$185.01**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

11/17/2006

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.