



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Insurance Carrier

Requestor=s Name and Address:
 BG Anesthesia
 3508 22nd Place
 Lubbock, Texas 79410

MDR Tracking No.: M4-07-0372-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Box #:
 TEXAS MUNICIPAL LEAGUE
 Rep Box # 19

Date of Injury:

Employer's Name: LUBBOCK CITIBUS

Insurance Carrier's No.: LUB0600000103

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
3. EOB
4. Letter from CorVel

Position Summary: "...it is this carrier's position that the service in question is part of another procedure..."

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)
4/6/06	B15	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 9/19/06.

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 "B15 – Procedure/Service is not paid separately." 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
28 Texas Administrative Code Sec. 133.1 (E)

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.

Decision 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.