



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: BG Anesthesia 3508 22 <sup>nd</sup> . Place Lubbock, TX 79410	MDR Tracking No.: M4-07-0391-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Texas Municipal League Intergo. Rep Box # 19	Date of Injury:
	Employer's Name: City of Lubbock
	Insurance Carrier's No.: LUB0600000143

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "...General anesthesia performed for surgical procedure, this procedure was independent of the anesthesia services for the surgical procedure as indicated by the 59 modifier..."

- Principle Documentation:
1. DWC 60 package
  2. CMS 1500's
  3. EOBs
  4. CNCI policy for anesthesia services

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...Requestor seeks additional reimbursement under CPT 64415. Self-Insured asserts that no additional reimbursement is owed under this CPT code, as the services are included in the "indicated post-operative monitoring" and post-"procedural anesthesia management" that is reimbursed and included under CPT 01630..."

- Principle Documentation:
1. Response to DWC 60
  2. LCD for monitored anesthesia care

### 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)
06/29/06	B15, W4	64415-59-Injection	1	\$93.81
<b>TOTAL DUE</b>				<b>\$93.81</b>

### 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 64415-59 for date of service 06/29/06 denied with "B15-Procedure/Service is not paid separately", "W4-No additional payment allowed after review". Per Rule 134.202(b) CPT code 64415 is considered to be a component procedure of CPT code 01630 which was billed on the same date of service. A modifier is allowed in order to differentiate between the services provided. The Requestor's CMS-1500 supports that this code was billed with modifier-59; 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 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 **\$93.81**. 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.**