



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: Valley Anesthesia Consultants P.O. Box 720550 McAllen, TX 78504	MDR Tracking No.: M4-07-3296-01 Previous Tracking No.: (M4-07-2555-01) Claim No.: Injured Employee's Name:
Respondent's Name: American Home Assurance Co Rep. Box # 19	Date of Injury: Employer's Name: Tanner Construction Co Insurance Carrier's No.: 077090368

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary, taken from the Table of Disputed Services states in part, "...This shouldn't be included in the main anesthesia..."

Principle Documentation: 1. DWC 60 package
 2. CMS 1500's
 3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary states in part, "...Denied the service in question on the basis that it was included in the allowance of another procedure..."

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)
08/08/06	97	64415-59	1-2	\$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 (Injection, anesthetic agent; brachial plexus, single) and Respondent's denial of payment based upon, initial denial – 97 –“ Included in the allowance for another service/procedure.” Reconsideration denial – “Paid according to state fee schedule guidelines. Nerve blocks are incidental to the primary anesthesia code. See anesthesia standards of care”

2. Per Rule 134.202(b), “CPT code 64415 is considered to be a component procedure of CPT code 01630.” A 59 modifier was used to differentiate between the services provided; therefore, CPT code 64415 is not global. Payment is recommended in the amount of \$93.81 (\$75.05 x 125%).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 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**. 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.

Decision and Order by:

Scott Hansen

03/12/2007

Signature

Medical Dispute Resolution Officer

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.