



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: Star Anesthesia 45 N. E. Loop 410, Suite 900 San Antonio, Texas 78216	MDR Tracking No.: M4-07-3354-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: INSURANCE COMPANY OF THE STATE OF PA REP BOX #: 19	Date of Injury:
	Employer's Name: Air Transport International
	Insurance Carrier's No.: 710250404

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's Position Summary states in part, "... We have received the following payment with the explanation of benefits and find that an error was made in your calculation of the contracted allowable fee as shown below and with all attached documentation, procedure 64415 is payable... THIS IS A DIRECT CUT FROM THE NCCI EDITS, USED BY MEDICARE TO DETERMINE PAYABLE PROCEDURES. When the following CPT codes are reported with an anesthesia code, it is assumed that these services are being reported as part of the anesthesia service and so will not be paid in addition to the anesthesia code. Because it is recognized that many of these procedures may occur on the same date of surgery but are not performed in the course of and as part of the anesthesia provision for the day, these codes will be separately paid only if modifier -59 is appended to the code, indicating that the service rendered was independent of the anesthesia service... As seen on the attached record, the anesthesia performed was general. Therefore, the procedure 64415 is to be paid as a separate procedure..."

- Principle Documentation:
1. DWC 60 package
 2. CMS 1500s
 3. EOBs
 4. Medical Records

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's Position Summary states in part, "... This is a medical fee dispute concerning service date November 7, 2006. Requestor seeks additional reimbursement under CPT 64415. Carrier asserts that no reimbursement is owed for this service separate from the reimbursement for the underlying surgical services. Provider has failed to document that services rendered under CPT 64415 were a 'distinct procedural service.' Accordingly, no additional reimbursement is owed..."

- 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)
11/07/06	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 CPT code 64415-59 for date of 11/07/06 denied with reason code "97—Payment is included in the allowance for another service/procedure." CPT Code 64415 is considered to be a component procedure of CPT code 01630.

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 recommended in the amount of \$93.81 (\$75.05 x 125%).

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:

Signature

03/14/07
Date

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.