Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 2, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT code 64413 rendered on 9/8/03.

II. RATIONALE

Review of the requestor's position statement noted on the "Table of Disputed Services" states, "As per MCR block is payable & is not bundled with main anesthesia."

Review of the respondent's position statement dated January 13, 2004, states in part, "…This carrier denied the charge (64413) in dispute with explanation code 'G'. The 04/01/96 TWCC Medical Fee Guideline, Anesthesiology Ground Rules state: Anesthesia Ground Rules I, B, 1, states, '**Basic value**: This is the relative value of all usual anesthesia services except the time actively spent in the anesthesia care and the modifying factors. The basic value includes the pre-operative and post-operative visits, the anesthesia care during the duration of the procedure, the administration of fluids and/or blood, including use of cell-saver, and the usual monitoring services (e.g., ECG, temperature, blood pressure, oximetry, capnography, and mass spectrography). Unusual forms of monitoring are not included in the basic units (e.g., intra-arterial, central venous, and Swan-Ganz) and may be coded and billed separately. Documentation of the medical necessity of these types of unusual monitoring is required and shall not be reimbursed separately.'

It is the carrier's position the service in dispute, 'anesthesia care during the duration of the procedure', is an adjunct to the anesthetic, therefore reimbursement is provided in the reimbursement for the services billed with code 01622…

Finally, additional reimbursement beyond the 'Time Units' or anesthesia time for 01622 is not reasonable as the blocks do not require the provider to provide orders or monitor the block after the time in the operating room. Therefore, the anesthesia services are ended when the 'Time Units' were completed, '. . .when the anesthesiologist. . .is no longer in personal attendance. . . .'"

Review of the carrier's EOB with an audit date of 11/3/03 revealed the requestor billed for CPT codes 01610-AA, 93010, 94770-26, 94760, and 64413 rendered on 9/8/03. The carrier reimbursed the requestor the amount of $519.58 for CPT code 01610-AA and denied CPT code 64413-59 as "G-YG-Reimbursement for this procedure is included in the basic allowance for another procedure."

According to the TWCC Advisory 2003-13, The Commission has adopted CMS payment policies in §134.202, Medical Fee Guideline (MFG);.Therefore, the disputed charge will be reviewed according to the TWCC Rule 134.202.

According to the Medicare Fee Guidelines, Correct Coding Initiative (CCI) edits, CPT code 64413 is not global to CPT code 01610-AA. Therefore, reimbursement in recommended according to the Medicare Fee Schedule in the amount of $67.16 multiplied at 125% equals $83.95.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 64413 in the amount of **$83.95.** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$83.95** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of April 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo