

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 Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for CPT codes 22830-80 and 15734-80.
- b. The request was received on July 1, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on November 12, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on November 13, 2002. The insurance carrier had already submitted their response with their initial response to the TWCC-60 received on July 8, 2002.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated July 1, 2002 that... "...The assistant surgeon was present nearly 100% of this surgery and all services were authorized and performed. What witness or basis does the carrier have to substantiate deciding that a surgeon should not be paid for services her rendered or to state what he did was not warranted. The Dr. is the only one qualified to make that determination. We feel we have complied with all TWCC rules and guidelines and are requesting proper payment accordingly... For DOS 02-28-02 – code 22830-80 assistant surgeon bill; this code is not global per the 94 GSD book... code 15570-80 is payable to an assistant surgeon. Nowhere in the rules does it state otherwise. The assistant bill is to be paid at 25% of the primary surgery bill.”
2. Respondent: The respondent states in correspondence dated June 27, 2002 that... "...Upon receipt of the appeal and operative report, a physician peer review was performed on this billing. It is the physician peer reviewer’s determination that the exploration should be global. No additional payment was made upon appeal... The code CPT 15570-80 was denied as not payable to an assistant surgeon per system edit... Upon appeal, ___ received a copy of the operative report. The bill and operative report was submitted to physician peer review and he determined that the procedure billed was not documented in the body of the operative report... Based on the peer reviewer’s recommendation the surgeon’s bill was adjusted and a refund was requested for CPT 15570. CPT 15570-80 was not documented and we cannot pay the assistant surgeon for a code that the surgeon has been denied...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is February 5, 2002.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
02/05/02	22830-80	\$1000.00	\$0.00	G	\$417.25 (25% of the MAR value of \$1,669.00)	MFG, SGR (I)(D)(b) GSD for Orthopedic Surgery	Based upon the CPT descriptor, operative report and the 1994 GSDH, 22830-80 is not global to 63042. Operative report supports services were rendered as billed. Therefore, reimbursement in the amount of \$417.25 is recommended.
02/05/02	15734-80	\$500.00	\$0.00	N	\$240.25 (50% of the MAR value of \$961.00)	MFG, SGR (I)(D)(b) GSD for Orthopedic Surgery	Operative report supports services were rendered as billed. Reimbursement in the amount of \$240.25 is recommended.
Totals		\$1,500.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$657.50 .

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$657.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 01st day of April 2003.

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

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