

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-2513.M5**

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 24356-51, 64718, and 25210.
- b. The request was received on 9-10-02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - 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. Based on Commission Rule 133.307 (g) (3), the Division notified the requestor on 11-18-02 to provide two copies of additional documentation relevant to the fee dispute. Insurance carrier signature page was signed for on 11-19-02. The requestor did not respond to request for additional documentation. The respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected as Exhibit #2 in the dispute file.
3. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor letter dated 9-10-02:

Requestor stated that patient had five procedures performed to three separate sites through three separate incisions. The procedures were performed to the lateral and medial portions of the elbow and the palm. These procedures required additional prep time for each site and confirmed with the operative report.

2. Respondent: No response received.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 10-12-01 and extending through 10-12-01.
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:
10-12-01	64718	\$1,113.00	\$556.50	F, 329 – 50% of global surgery fee paid per the multiple proc. rule	\$1,113.00	MFG Surgery GRID 1	Documentation submitted supports procedures were performed through three separate sites and related to the primary procedure. The multiple procedure rule allows 50% of the MAR for secondary or subsequent procedures when the secondary or subsequent procedures are not performed through the same incision but are related to the primary procedure. Since the insurance carrier has reimbursed 50% of the MAR, no additional reimbursement can be recommended.
10-12-01	25210	\$708.00	\$354.00		\$708.00		Same as above.
10-12-01	24356-51	\$404.50	\$0.00	T, 217 – global	\$809.00	Global Service Data for Orthopaedic Surgery	Per the Global Service Data for Orthopaedic Surgery, this procedure is global to code 64718. Therefore, no reimbursement can be recommended.
Totals		\$2,225.50	\$910.50				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 17th day of January 2003.

Dee Z. Torres
 Medical Dispute Resolution Officer
 Medical Review Division