

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 09-10-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 27299-51, 22899-51, 38230, 95920, 95937 and 76003 for date of service 03-05-04.

II. FINDINGS

The medical necessity issue for date of service 03-05-04 CPT code 20936 was withdrawn on 10-05-04 by the requestor. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 11-03-04 requesting the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT code 27299-51 date of service 03-05-04 denied with denial code "G/X815" (this procedure is incidental to the primary procedure, and does not warrant separate reimbursement). The carrier's position states that code 27299-51 is part of the global service package per the American Academy of Orthopaedic Surgeons-Complete Global Service Data Handbook pg. IX#9. Per Ingenix EncoderPro CPT code 27299-51 is not a global procedure code. Per Rule 133.1(a)(8) fair and reasonable reimbursement – the carrier did not state an amount. Reimbursement is recommended per the Medical Fee Schedule effective 08-01-03 in the amount of \$1400.00.

CPT code 22899-51 date of service 03-05-04 denied with denial code "G/X815" (this procedure is incidental to the primary procedure, and does not warrant separate reimbursement). The carrier's position states that code 22899-51 is part of the global service package per the American Academy of Orthopaedic Surgeons-Complete Global Service Data Handbook pg. IX#9. Per Ingenix EncoderPro CPT code 22899-51 is not a global procedure code. Per Rule 133.1(a)(8) fair and reasonable reimbursement – the carrier did not state an amount. Reimbursement is recommended per the Medical Fee Schedule effective 08-01-03 in the amount of \$1200.00.

CPT code 38230 date of service 03-05-04 denied with denial code "G/X815" (this procedure is incidental to the primary procedure, and does not warrant separate reimbursement). The carrier's position states that code 38230 is part of the global service package per the American Academy of Orthopaedic Surgeons-Complete Global Service Data Handbook pg. X. Per Ingenix EncoderPro CPT code 38230 is not a global procedure code. The MAR per the Medical Fee

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Schedule effective 08-01-03 is \$366.39 (\$293.11 X 125%), however the requestor billed \$183.19, therefore this is the recommended amount of reimbursement.

CPT codes 95920 and 95937 date of service 03-05-04 denied with denial code "G/X815" (this procedure is incidental to the primary procedure, and does not warrant separate reimbursement). Per Ingenix EncoderPro CCI edits CPT codes 95920 and 95937 are global to CPT code 22612 which was the primary procedure billed per the EOB. No reimbursement is recommended.

CPT code 76003 date of service 03-05-04 denied with denial code "G/X815" (this procedure is incidental to the primary procedure, and does not warrant separate reimbursement). The carrier's position states that code 76003 is part of the global service package per the American Academy of Orthopaedic Surgeons-Complete Global Service Data Handbook pg.viii#6. Per Ingenix EncoderPro CPT code 76003 is not a global procedure code. Reimbursement per the Medical Fee Guideline effective 08-01-03 in the amount of \$98.08 (\$78.46 X 125%) is recommended.

IV. DECISION

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 codes 27299-51, 22899-51, 38230 and 76003. The Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 95920 and 95937.

The above Findings and Decision is hereby issued this 28th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program methodologies effective August 1, 2003 per Commission Rule 134.20(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 03-05-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Order is hereby issued this 28th day of December 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dlh