MDR: M4-04-4301-01

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 December 9, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT codes 72148-WP-22, 72146-WP-22 rendered on 9/15/03.

II. RATIONALE

Review of the requestor's position statement dated December 4, 2003 partially states, "…___ performed two MRI's on the above-mentioned patient MRI of the Lumbar Spine (72148) and an MRI of the Thoracic Spine (72146)…__ received a TWCC-62 from the Carrier stating 'N-Not Documented', at which time on November 10, 2003 Irving Imaging requested a properly completed 'Request for Reconsideration' per Rule 134.300, with documentation from ___, Board Certified Radiologist, as wad done with the first submission (See Attached)…the carrier responded with a TWCC-62 stating 'F Fee Guidelines', at which time a telephone call was placed to ___ at 800 599-9906, and per ___ he stated 'The carriers original decision still stands, and that we were entitled to dispute resolution; therefore at this time please except our formally request for dispute resolution…"

Review of the respondent's position statement dated December 29, 2003 partially states, "…I am filing the TWCC-60 Form on behalf of the above-referenced insurance carrier in response to the Requestor's dispute for fee reimbursement for date of service of September 15, 2003. As a result, there was recommendation of reimbursement in the amount of $580.91 towards the amount in dispute of $1459.81…"

Review of the EOBs dated 12/9/03 revealed that the carrier paid for CPT codes 72148-WP-22 in the amount of $580.91 and denied the remaining balance as "S-Supplemental Payment", CPT code 72146-WP-22 was denied by the carrier as "R-Charge Unrelated to Compensable Injury". Review of the Commission's database revealed that a TWCC-21 has not been filed disputing relatedness. Therefore, the disputed charges will be reviewed according to the Medical Fee Guidelines. Review of the online Medicare Fee Schedule revealed that reimbursement for CPT code 72148-WP-22 is $580.91 times 125% = $726.13, and reimbursement for CPT code 72146-WP-22 is $586.94 times 125% = $733.67. The carrier paid the requestor the amount of $580.91; therefore, the requestor is entitled to additional reimbursement in the amount of $878.89.

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 codes 72148-WP-22, 72146-WP-22 in the amount of **$878.89.** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$878.89** 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 12th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo