

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 additional reimbursement for CPT code 99070.
- b. The request was received on 4-3-02.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. EOBs
  - c. Medical Records
  - d. Redacted copies
  - 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. Response to a Request for Dispute Resolution
  - b. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 11-12-02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 11-13-02. The response from the insurance carrier was received in the Division on 12-2-02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
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 correspondence dated 8-28-02 that CPT code 99070 is used by their facility to represent the supplies and materials used by the doctor in a certain procedure. The requestor states that the carrier was given a quantified and

itemized list along with redacted copies showing a higher reimbursement than the \$50.00 allowed. The requestor further states that the documentation clearly supports the billed service therefore is payable per TWCC Medical Fee MAR\$. The requestor also stated that the documentation submitted is an itemized sheet clearly qualifying and quantifying the supplies and materials using during the procedure and that the \$50.00 reimbursement allowed is far below the physician's cost.

2. Respondent: The response was not timely and consequently not eligible for review.

**IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 9-6-01.
2. The following table identifies the disputed services and Medical Review Division's rationale:
- 3.

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR\$ (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
9-6-01	99070	\$500.00	\$ 50.00	F, S	DOP	MFG Surgery GR V B 1; CPT descriptor, GI III A & IV	Operative report dated 9-6-01 indicates procedure was fluoroscopically guided ESI. See RATIONALE below.
<b>Totals</b>		\$500.00	\$ 50.00				The Requestor is not entitled to additional reimbursement.

**V. RATIONALE**

Medical Review Division's rationale:

Operative report and attached procedure form/procedure list indicate this surgical procedure was performed in a doctor's office that is covered under the 96 MFG Surgery ground rules V.B. Supplies and dressing listed on the procedure form/procedure list fall under sterile trays that must be billed as 99070-ST. DOP is required if the charges are greater than \$50.00. The requestor billed \$500.00; however, there is no documentation to support this charge. The procedure form/procedure list does not include the charges for any of the supplies and dressings.

The redacted EOBs submitted by the requestor show that other insurance carriers were billed \$500.00 for CPT code 99070 for same or similar procedure and that the carrier paid \$375.00 or \$400.00 or \$500.00 for this code; however, the requestor failed to submit the list of charges that supported these fee reimbursements. Therefore, no additional reimbursement can be recommended.

The above Findings and Decision are hereby issued this 7th day of February 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division