

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 22554-51, 61712, and 22585.
- b. The request was received on 3-21-02.

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. Response to a Request for Dispute Resolution
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 will 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 the correspondence dated 8-28-02 that code 22554-51 for \$1517.50 was already reduced by half since the MAR for code 22554 is \$3035.00. The requestor states they are appealing code 22585 for the additional level since the fee guideline states that this procedure shall not be further reduced. Requestor states this is not a global charge. The requestor further states that 61712 is for microsurgery and the operative report clearly indicates the use of the Zeiss microscope for a lengthy period of time. The requestor states that the MFG states that 61712 is to be used with 63081 for

the use of the operating microscope and that reimbursement shall be set at 25% above the MAR. The requestor stated they billed below 25% of the code 63081 @ \$925.00.

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 10-4-01.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-4-01	22554-51	\$1517.50	\$0.00	G	\$3035.00 x 50% for secondary or subsequent procedures	96 MFG Surgery GR I D & E; CPT/modifier descriptors, and GSDOS	The operative report supports services rendered. Recommend reimbursement of \$3,035.00 x 50% = \$1,517.50.
10-4-01	22585	\$637.00	0.00	G	\$637.00	96 MFG Surgery GR I D 1; CPT descriptor and GSDOS	The operative report supports the additional interspace. The multiple procedure rule states that this code shall not be reduced. This code is not global to 63081. Recommend reimbursement of \$637.00
10-4-01	61712	\$925.00	\$200.00	F	DOP	96 MFG Surgery GR I D 2; CPT descriptor, Gen. Instr. III, GSDOS, and §413.011(b)	Operative report supports services rendered. However, no additional reimbursement can be recommended. See RATIONALE below.
TOTAL		\$3,079.50	\$200.00				The requestor is entitled to reimbursement of \$2,154.50 .

V. RATIONALE

Medical Review Division's rationale:

The primary procedure Code 63081, Vertebral corpectomy, anterior approach, cervical, single segment, was paid at the MAR for this procedure. The multiple procedure rule states that reimbursement is 50% of the MAR for secondary or subsequent procedures. Modifier –51, identifies these procedures (22554-51-). This code is not global to 63081. Therefore, recommend reimbursement as billed.

CPT descriptor states CPT code 61712 is listed in addition to the primary procedure. Since the MAR is DOP, the carrier raised the issue of fair and reasonable reimbursement. The requestor did not submit sufficient documentation according to the criteria of the Texas Labor Code §413.011(b) to support a need for a change in the reimbursement. 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

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2,154.50 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 7th day of February 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt