

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 9-2-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99204, 99214, 99213, 64442, 64442-50, 64443, 64443-50, 76000-26, 76003-26, and 72100-26.

II. FINDINGS

The respondent denied reimbursement based upon “M – No MAR, N – Documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge, F – Fee Guideline MAR reduction, F – The charge for this procedure exceeds the fee schedule or usual and customary allowance, V – Unnecessary treatment (with peer review).”

On 12-17-02, the insurance gave preauthorization approval for 64442 and 54443 – Left & right cervical facet medial branch block.

On 1-30-03 the insurance gave preauthorization approval for cervical medical branch nerve block C2-6 with Fluoroscopy. Therefore, the insurance carrier violated Rule 133.301(a) by retrospectively denying preauthorized treatment based upon not medically necessary.

III. RATIONALE

Neither party submitted EOBs to support services identified as “No EOB”; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-3-02	99204	\$200.00	\$0.00	No EOB	\$106.00	CPT Code Descriptor Evaluation & Management GR (IV)	Office visit report supports service billed per MFG, reimbursement of \$106.00 is recommended.
1-17-03 2-14-03 2-21-03 6-6-03	99214	\$150.00	\$0.00	No EOB	\$71.00	CPT Code Descriptor Evaluation & Management GR (VI)	Office visit reports support service billed per MFG, reimbursement of 4 dates X \$71.00 = \$284.00 is recommended.
4-15-03 5-16-03 6-20-03 7-11-03 7-17-03 8-14-03	99213	\$100.00	\$0.00	No EOB	\$48.00	CPT Code Descriptor Evaluation & Management GR (VI)	Office visit report supports service billed per MFG, reimbursement of 6 dates X \$48.00 = \$288.00 is recommended.
1-6-03	64442-50	\$870.00	\$0.00	M	\$155.00	Surgery GR (II)(A)	Lumbar facet joint injection, single level. \$0.00 payment is not considered fair and reasonable per MFG. Operative report

							supports service billed. Reimbursement of \$155.00 is recommended.
1-6-03	64443-50 (X4)	\$600.00	\$0.00	N	\$111.00	Surgery GR (II)(A), (I)(D)(2)	Lumbar facet joint injection, each additional level. Operative report supports 4 additional levels. Reimbursement of \$111.00 X 4 = \$444.00 is recommended.
1-6-03	76000-26	\$90.00	\$22.00	F	\$22.00	CPT Code Descriptor	Paid per MFG, no additional reimbursement is recommended.
1-6-03	76003-26	\$55.00	\$0.00	M	\$52.00	CPT Code Descriptor	Payment of \$0.00 is not considered fair and reasonable per MFG, reimbursement of \$52.00 is recommended.
1-6-03	72100-26	\$100.00	\$22.00	F	\$22.00	CPT Code Descriptor	Paid per MFG, no additional reimbursement is recommended.
2-3-03	64442	\$435.00	\$0.00	V	\$155.00	Rule 133.301(a)	Lumbar facet joint injection, single level. \$0.00 payment is not considered fair and reasonable per MFG. Operative report supports service billed. Reimbursement of \$155.00 is recommended.
2-3-03	64442-50	\$435.00	\$0.00	V	\$155.00	CPT Code Descriptor	Code is per level and is considered bilaterally; therefore, no reimbursement is recommended.
2-3-03	64443 (X4)	\$300.00	\$0.00	V	\$111.00	Rule 133.301(a) Surgery GR (II)(A) (I)(D)(2)	Lumbar facet joint injection, each additional level. Operative report supports 4 additional levels. Reimbursement of \$111.00 X 4 = \$444.00 is recommended.
2-3-03	64443-50 (X4)	\$300.00	\$0.00	V	\$111.00	CPT Code Descriptor	Code is per level and is considered bilaterally; therefore, no reimbursement is recommended.
2-3-03	76000-26	\$90.00	\$22.00	V	\$22.00	CPT Code Descriptor	Payment of \$22.00 per MFG is recommended.
2-3-03	76003-26	\$55.00	\$0.00	V	\$52.00	CPT Code Descriptor	Payment per MFG, reimbursement of \$52.00 is recommended.
2-3-03	72100-26	\$100.00	\$22.00	V	\$22.00	CPT Code Descriptor	Payment of \$22.00 per MFG is recommended.
TOTAL							The requestor is entitled to reimbursement of \$2024.00.

IV. 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 code(s) 99204, 99214, 99213, 64442, 64443, 76000-26, 76003-26, and 72100-26 in the amount of **\$ 2024.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$2024.00** 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.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
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