

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 10/16/03.

I. DISPUTE

Whether there should be additional reimbursement for Surgical Tray - 99070-ST, dated 4/21/03, reduced to fair and reasonable, and Recovery Room - 99499-RR, Surgical Tray - 99070-ST and Anesthesia - 99070-AS, dated 5/5/03 all denied or reduced per the Medical Fee Guideline.

II. FINDINGS

The original Table of Disputed Services, submitted by the requestor, included 99499-RR and 99070-ST, dated 4/21/03, which were denied by the carrier for lack of medical necessity. The requestor failed to submit the required IRO fee. The Commission dismissed the medical necessity portion of the dispute for nonpayment of the IRO fee as per Rule 133.308 (q)(1)(B). Therefore, all services denied for medical necessity will not be reviewed in this decision.

III. RATIONALE

Commission Rule 133.307 (g)(3)(D) states, “ if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title (relating to Definitions) and §134.1 of this title (relating to Use of the Fee Guidelines);”

Per Commission Rule 133.307 (e)(2)(A-B), “

(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

Rule 133.307 (g)(3)(A)

(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:

(A) documentation of the request for and response to reconsideration (when a provider is requesting dispute resolution on a carrier reduction or denial of a medical bill) or, if the carrier failed to respond to the request for reconsideration, convincing evidence of the carrier's receipt of that request;

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
4/21/03	99070-ST	\$180.40	\$ 50.00	M	DOP	Rule 133.307 (g)(3)(D)	Reduced by carrier to fair and reasonable. The requestor failed to submit legible copies of EOBs supporting their position that the amount billed should be considered reasonable and necessary. Reimbursement is not recommended.
5/5/03	99499-RR	\$300.00	\$ 0.00	F	DOP	Rule 133.307 (e)(2)(A-B) Rule 133.307 (g)(3)(A)	Neither copies of bills or EOBs were submitted for this date of service. Reimbursement is not recommended.
	99070-ST	\$121.40	\$ 50.00	F	DOP	See above.	See above.
	99070-AS	\$369.00	\$ 0.00	F	DOP	See above.	See above.
TOTALS		\$970.80	\$100.00				Reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for Surgical Tray - 99070-ST,

dated 4/21/03, and Recovery Room - 99499-RR, Surgical Tray - 99070-ST and Anesthesia - 99070-AS, dated 5/5/03.

The above Findings and Decision are hereby issued this 18th day of May, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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