

MDR Tracking Number: M5-04-0588-01

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 1/24/03.

### **I. DISPUTE**

Whether there should be additional reimbursement for services of 1/7/03, including office visit – 99215-25 denied as “G” – global to other services delivered that day, cervical x-ray - 72052-WP denied as “D” – duplicate billing, unclassified drugs - J3490-WP denied on the basis of “N” – not appropriately documented and injection tendon/ligament/cyst – 20550 denied on the basis of “F” – Fee Guideline MAR Reduction.

### **II. FINDINGS**

The requestor’s Table of Disputed Services also included services for 10/28/02 and 12/16/02. After filing the dispute, the requestor received payment from the carrier and all services for these dates of service were subsequently withdrawn by the requestor. These dates will not be included in this decision.

### **III. RATIONALE**

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:...

(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;

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
1/7/03	99215-25	133.00	\$0.00	G	\$103.00	MFG, MGR, Modifiers, pg. 18.	Per the MFG, modifier –25 indicates this is a separate service performed by the doctor on the same date of service. “DOP is required to show the patient’s condition required this EM service above and beyond the usual preoperative and postoperative care.” The medical report, dated 1/7/03 did not furnish such information. Reimbursement is not recommended.
	72052-WP	171.00	\$0.00	D	\$0.00	Rule 133.307 (e)(2)(B)	No EOB was submitted by either party indicating reason for non-payment. Per Rule 133.307, the requestor is responsible to furnish “convincing evidence” in the form of a signed certified mail green card or fax verification page that the EOBs have been pursued. The requestor failed to furnish this information. Reimbursement is not recommended per Rule 133.307.
	J3490 – M2	96.00	\$0.00	N	DOP	MFG General Instructions Ground Rules (II)(A)	Denied as not appropriately documented. The bill submitted by the requestor reflects injection of 12 units. The number of units is not reflected in the medical report dated 1/7/03. Reimbursement is not recommended.
	20550* x 4 units	208.00	\$40.00	F	\$ 40.00 per unit.	Medical Fee Guideline, Surgery Ground Rules (I)(E)(4)(a) MFG, SGR,	Per MFG/SGR, “surgical injections delineated as per injection by CPT descriptor and nomenclature warrant additional reimbursement per injection subject to the multiple procedure rule within the same body

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
						(I)(D)(b)(ii)	area.” Additional reimbursement of \$120.00 is recommended.
<b>Totals:</b>		608.00	\$40.00				Reimbursement of \$120.00 is recommended.

#### 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 20550 in the amount of **\$120.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$120.00** 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 14<sup>th</sup> day of May 2004.

Noel L. Beavers  
 Medical Dispute Resolution Officer  
 Medical Review Division

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