

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 11-19-03.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 11-19-03, therefore the following date(s) of service are not timely and are not eligible for this review:

10-08-01 through 8-23-02.

### I. DISPUTE

Whether there should be reimbursement for dates of service 11-22-02 and 12-20-02.

### II. FINDINGS

Based on review of the disputed issues within the request, the Medical Review Division dismissed the medical necessity request due to nonpayment of the IRO fee by the health care provider. Services on 5-5-03 were denied with a "U" by the requestor and, therefore, must be reviewed by an IRO. These issues were dismissed since the requestor declined to pay the IRO fee. The file contains unresolved medical fee issues only. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 3-3-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. These medical fees are discussed in Section III.

### III. RATIONALE

- Regarding CPT code 64450 for date of service 11-22-02: Neither party submitted EOB's for this date of services (and did not timely respond to the request for additional information). There is no "convincing evidence of the carrier's receipt of the provider request for an EOB" according to 133.307 (e)(2)(B). **Recommend no reimbursement.**
- Regarding CPT code 64450 (2 units) for date of service 12-20-02: This service was denied by the carrier with a "D" denial code when the reconsideration bill was received. After review of the reconsideration HCFA and proof of billing in accordance with Rule 133.308 (f)(3), **recommend reimbursement of \$122.00 according to the 96 MFG. (\$61.00 x 2)**

- Regarding CPT code 62284 for date of service 12-20-02. This service was denied by the carrier with a “D” denial code when the reconsideration bill was received. After review of the reconsideration HCFA and proof of billing in accordance with Rule 133.308 (f)(3), **recommend reimbursement of \$303.00 according to the MFG.**
- Regarding CPT codes 72265, 76000, 72100 and 90780, for date of service 12-20-02: The Carrier denied these services with an “A” – preauthorization was required. The requestor neglected to get preauthorization for these services per Rule 134.600 (h). **Recommend no reimbursement.**
- CPT code 93010 for date of service 12-20-02 was denied with an A” – preauthorization was required. However, per Rule 134.600 (h) this service does not require preauthorization. **Recommend reimbursement of \$29.00 per the 96 MFG.**
- CPT code 94680 was denied with an “A” – preauthorization was required. However, per Rule 134.600 (h) this service does not require preauthorization. **Recommend reimbursement of \$357.00 per the 96 MFG.**

#### IV. FINDING AND DECISION

This Finding and Decision is hereby issued this 16<sup>th</sup> day of December, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division