

MDR Tracking Number: M5-04-0970-01

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 12-02-03.

### I. DISPUTE

Whether there should be reimbursement for date of service 12-05-02.

### II. FINDINGS

On 01-23-04, the Division submitted a Notice to the requestor to notify the requestor that based on review of the disputed issues within the request, the Medical Review Division had dismissed the medical necessity portion of the dispute and that unresolved fee issues remained in the dispute. Per Rule 133.307, the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

### III. RATIONALE

All CPT codes billed on date of service 12-05-02 were denied with a U denial code. The services were preauthorized and therefore will be reviewed as fee issues per Rule 133.307(g)(3)(A-F).

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
12-05-02	63042-L2	\$4,500.00 (1 unit)	\$0.00	U	\$3,540.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$3,540.00
12-5-02	63048-L1	\$1,300.00 (1 unit)	\$0.00	U	\$708.00 No reduction per 96 MFG SURGERY GR(I)(D)(2)	96 MFG SURGERY GR(I)(D)(2)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$708.00
12-5-02	22625-51-L2	\$3,050.00 (1 unit)	\$0.00	U	\$1,264.50 (50% of MAR \$2,529.00)	96 MFG SURGERY GR(I)(D)(b)(i)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$1,264.50

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
12-5-02	22842	\$5,983.00 (1 unit)	\$0.00	U	\$5,983.00 No reduction per 96 MFG SURGERY GR(I)(D)(2)	96 MFG SURGERY GR(I)(D)(2)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$5,983.00
12-5-02	22852	\$1,300.00 (1 unit)	\$0.00	U	\$632.00 (50% of MAR \$1,264.00)	96 MFG SURGERY GR(I)(D)(b)(i)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$632.00
12-5-02	22650-L3	\$2,600.00 (4 units)	\$0.00	U	\$637.00 No reduction per 96 MFG SURGERY GR(I)(D)(2)	96 MFG SURGERY GR(I)(D)(2)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$637.00 X 4 units = \$2,548.00
12-5-02	22830	\$3,500.00 (1 unit)	\$0.00	U	\$1,669.00 (50% of MAR \$3,338.00)	96 MFG SURGERY GR(I)(D)(2)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$1,669.00
12-5-02	20975	\$500.00 (1 unit)	\$0.00	U	\$455.00 No reduction per 96 MFG SURGERY GR(I)(D)(2)	96 MFG SURGERY GR(I)(D)(2)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$455.00
12-5-02	15734	\$2,000.00 (1 unit)	\$0.00	U	\$961.00 (50% of MAR \$1,922.00)	96 MFG SURGERY GR(I)(D)(2)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$961.00
12-5-02	14300	\$2,000.00 (1 unit)	\$0.00	U	\$834.50 (50% of MAR \$1,669.00)	96 MFG SURGERY GR(I)(D)(b)(i)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$834.50
<b>TOTAL</b>		\$26,733.00	\$0.00				Requestor is entitled to reimbursement in the amount of \$18,595.00

#### **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for services on date of service 12-05-02.

The above Findings and Decision are hereby issued this 3rd day of June 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

#### **ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for date of service 12-05-02 in this dispute.

This Order is hereby issued this 3rd day of June 2004.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

DRM/dlh