

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 January 23, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT Code 72070-WP for date of service 04/22/03.

II. RATIONALE

___ agent, ___, withdrew all medical necessity/IRO issues on March 12, 2004 and submitted an updated table reflecting only one disputed CPT code.

- CPT Code 72070-WP denied as “R – Extent of injury. Carrier disputes that the treatment/service is related to the compensable injury”. The compensable injury, as stated on the TWCC-21 filed by the respondent, is limited to 7th and 8th fx rib and thoracic. The submitted SOAP note documents x-ray plane film views of rib series and thoracic spine; anteroposterior and lateral supporting treatment/service was to the compensable injury. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) reimbursement in the amount of \$56.00 is recommended (PC\$22.00 + TC\$34.00).

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 72070-WP in the amount of \$56.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$56.00** 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 18th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf