

**MDR Tracking Number: M5-04-2252-01**

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 03-22-04.

**I. DISPUTE**

Whether there should be reimbursement for CPT codes 76000-27, 99499 and HCPCS codes A4649, A4550, C1754 and E0230 on date of service 08-14-03.

**II. FINDINGS**

The medical necessity issues for date of service 08-14-03 were withdrawn on 04-22-04 by \_\_\_\_\_ from Metroplex Orthopedics, P.A. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 04-23-04 requesting the requestor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**

HCPCS code A4649 date of service 08-14-03 denied with denial code "F" (fee guideline MAR reduction). No payment has been made by the carrier. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$399.15.

HCPCS code A4550 date of service 08-14-03 denied with denial code "F" (fee guideline MAR reduction). No payment has been made by the carrier. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$533.18

CPT code 76000-27 date of service 08-14-03 denied with denial code "F" (fee guideline MAR reduction). No payment has been made by the carrier. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$77.00 (\$61.60 X 125%).

HCPCS code C1754 date of service 08-14-03 denied with denial code "G" (global). The carrier did not specify which HCPCS code C1754 was global to per Rule 134.202(a)(4). Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$3,974.00.

CPT code 99499 date of service 08-14-03 denied with denial code G" (global). The carrier did not specify which CPT code 99499 was global to per Rule 134.202(a)(4). Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$200.00.

HCPCS code E0230 date of service 08-14-03 denied with denial code "F" (fee guideline MAR reduction). No payment has been made by the carrier. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$15.12.

#### **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 CPT codes 76000-27, 99499 and HCPCS codes A4649, A4550, C1754 and E0230 on date of service 08-14-03.

This Findings and Decision is hereby issued this 1st day of December 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

#### **V. ORDER**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies effective 08-01-03 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 08-14-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 1st day of December 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dlh