

MDR Tracking #: M5-04-2642-01

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 4-22-04.

I. DISPUTE

Whether there should be reimbursement for HCPC's codes A4550, A4930, A4620, J7070, A4305, J0704, J3010, J2250, A4641, 72275-TC59, CPT code 72020-TC59 and CPT code 99499-59 for 10-16-03.

II. FINDINGS

The medical necessity request was withdrawn by the Requestor. 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 6-17-04 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

HCPC's code A4550 was denied as "AB" – "the payment for this service is always bundled into payment for other services." Per rule 133.304 (c) and 134.202(a)(4) carrier didn't specify which service this was global to. **Recommend reimbursement of \$85.00.**

HCPC's code A4930 was denied as "JM" – "The code and/or modifier billed is invalid." This code is listed as valid according to the Texas Medicaid web site. **Recommend payment of \$1.26 (\$.63 x 2 units).**

HCPC's code A4620 was denied as "JM" – "The code and/or modifier billed is invalid." Per Ingenix Encoder Pro this is a valid code. Per 134.202 (c) 6) for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount, the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published commission medical dispute decision, and values assigned for services involving similar work and resource commitments. **Recommend reimbursement.**

HCPC's code J7070 was denied as "RD" – "The reimbursement has been determined to be fair and reasonable." Per Rule 133.307(g)(3)(D), the Requestor is also required to discuss, demonstrate and justify that the payment being sought is a fair and reasonable rate of

reimbursement. The Requestor has not provided sample EOB's as evidence that the fees billed are for similar treatment of injured individuals and that reflect the fee charged to and paid by other carriers. Carrier has paid \$12.26. **Recommend no additional reimbursement.**

HCPC's code A4305 was denied as "AB" – "the payment for this service is always bundled into payment for other services." Per rule 133.304 (c) and 134.202(a)(4) carrier didn't specify which service this was global to. Per 134.202 (c) 6) for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount, the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published commission medical dispute decision, and values assigned for services involving similar work and resource commitments. **Recommend reimbursement.**

HCPC's code J0704 was denied as "RD" – "The reimbursement has been determined to be fair and reasonable." The MAR is \$3.06. The carrier has paid \$1.20. **Recommend additional reimbursement of \$1.86.**

HCPC's code J3010 was denied as "RD" – "The reimbursement has been determined to be fair and reasonable." The MAR is \$1.45. The carrier has paid \$.90. **Recommend additional reimbursement of \$.55.**

HCPC's code J2250 was denied as "RD" – "The reimbursement has been determined to be fair and reasonable." The MAR is \$1.60. The carrier has paid \$1.42. **Recommend additional reimbursement of \$.18.**

HCPC's code A4641 was denied as "JM" – "The code and/or modifier billed is invalid." Per Ingenix Encoder Pro this is a valid code. Per 134.202 (c) 6) for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount, the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published commission medical dispute decision, and values assigned for services involving similar work and resource commitments. **Recommend reimbursement.**

CPT Code 72275-TC59 was denied as "YO"- Reimbursement was reduced or denied after reconsideration of treatment/service billed." The insurance carrier has made no payment. (The MAR is \$135.65. The amount in dispute is \$92.00). **Recommend reimbursement of \$92.00.**

CPT Code 72020-TC59 was denied as "YO"- Reimbursement was reduced or denied after reconsideration of treatment/service billed." The insurance carrier has made no payment. (The MAR is \$27.00. The amount in dispute is \$18.00). **Recommend reimbursement of \$18.00.**

CPT Code 99499-59 was denied as "NC"- "The service is either not covered or the service is not recognized as a valid service." Per the Medicare Fee Guidelines this is a valid code payable as "ICIC". Per 134.202 (c) 6) for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount, the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published

commission medical dispute decision, and values assigned for services involving similar work and resource commitments. **Recommend reimbursement.**

IV. DECISION AND 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 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 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 10-16-03 as outlined above in this dispute.

This Decision and Order is hereby issued this 15th day of March 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division