

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 04-27-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 76000, 99499, 99070, 99199, 97010, J3301, J3490 and HCPCS codes A4550 and E0230.

II. FINDINGS

The medical necessity issues were withdrawn on 06-08-04 by Chelsea Arp from Dallas Injection and Diagnostics. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 06-09-04 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

CPT code 76000 date of service 09-04-03 denied with denial code "G" (global). The carrier did not specify which code CPT code 76000 was global to per Rule 133.304(c) and 134.202(a)(4). Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$77.00 (\$61.60 X 125%).

CPT code 99499 dates of service 09-04-03 and 10-02-03 denied with an invalid code "JM/AE". Reimbursement is recommended in the amount of \$900.00 (\$300.00 and \$600.00 respectively).

CPT code 99070 dates of service 09-04-03 and 10-02-03 denied with an invalid code "JM/AE". Reimbursement is recommended in the amount of \$401.30 (\$217.15 and \$184.15 respectively).

HCPCS code A4550 dates of service 09-04-03 and 10-02-03 denied with denial code "G" (global). The carrier did not specify which code A4550 was global to per Rule 133.304(c) and 134.202(a)(4). Reimbursement in the amount of \$164.00 (\$82.00 X 2) is recommended.

HCPCS code E0230 dates of service 09-04-03 and 10-02-03 denied with denial code "F" (fee guideline MAR reduction). Reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$59.40 (\$35.00 minus payment of \$10.60 = \$24.40 and \$35.00)

CPT code J3301 date of service 09-04-03 denied with denial code "F" (fee guideline MAR reduction). Additional reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$28.00 (\$44.00 minus payment of \$16.00).

CPT code 99199 date of service 09-04-03 denied with denial code "F" (fee guideline MAR reduction). Reimbursement is recommended in the amount of \$25.00.

CPT code 97010 date of service 10-02-03 denied with denial code "G" (global). In accordance with the 2002 Medical Fee Guideline code 97010 is a bundled service and considered an integral part of a therapeutic procedure. No reimbursement recommended.

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, 99499, 99070, J3301, 99199 and HCPCS codes A4550 and E0230. The requestor **is not** entitled to reimbursement for CPT code 97010.

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 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 dates of service 09-04-03 through 10-02-03 in this dispute.

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

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh