

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 04-30-04.

### **I. DISPUTE**

Whether there should be reimbursement for CPT codes 99499-59, J7042, J0704, J2000, J3010, J2912, J2250, J3470 and HCPCS codes A4550, A4930, A4620, A4618, A4305 and A4641.

### **II. FINDINGS**

The medical necessity issue for date of service 08-21-03 for CPT code 72020-59-TC was withdrawn on 06-09-04 by Timothy Hilderbrand from US Imaging, Inc.. 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 99499-59 date of service 08-21-03 denied with denial code "NC" (not allowed under fee schedule). Code is not listed in the Medicare Fee Schedule. No reimbursement recommended.

HCPCS code A4550 date of service 08-21-03 denied with denial code "G" (global). The carrier was not specific in which code A4550 was global to per Rule 133.304(c) and 134.202(a)(4). Reimbursement recommended in the amount of \$85.00.

HCPCS code A4930 date of service 08-21-03 denied with denial code "G" (global). The carrier was not specific in which code A4930 was global to per Rule 133.304(c) and 134.202(a)(4). Reimbursement recommended in the amount of \$12.20.

HCPCS code A4620 date of service 08-21-03 denied with denial code "G" (global). The carrier was not specific in which code A4620 was global to per Rule 133.304(c) and 134.202(a)(4). Reimbursement recommended in the amount of \$15.00

HCPCS code A4305 date of service 08-21-03 denied with denial code "JM" which is an invalid denial code. Reimbursement is recommended in the amount of \$130.00.

CPT code J0704 date of service 08-21-03 denied with denial code "M" (no MAR). Per the Medical Fee Guideline effective 08-01-03 reimbursement is \$1.34 (\$1.07 X 125%). Reimbursement in the amount of \$0.14 is recommended (\$1.34 minus carrier payment of \$1.20).

CPT code J2000 date of service 08-21-03 denied with denial code "M" (no MAR). Per the Medical Fee Guideline effective 08-01-03 reimbursement is \$4.99. Reimbursement in the amount of \$0.53 is recommended (\$4.99 minus carrier payment of \$4.46).

CPT code J3010 date of service 08-21-03 denied with denial code "M" (no MAR). Per the Medical Fee Guideline effective 08-01-03 reimbursement is \$1.16. Reimbursement in the amount of \$0.13 is recommended (\$1.16 minus carrier payment of \$1.03).

CPT code J2912 denied with denial code "M" (no MAR). The code is not listed in the Medicare Fee Schedule. No reimbursement is recommended.

CPT code J2250 date of service 08-21-03 denied with denial code "M" (no MAR). Per the Medical Fee Guideline effective 08-01-03 reimbursement is \$3.56. Reimbursement is recommended in the amount of \$2.14 (\$3.56 minus carrier payment of \$1.42).

CPT code J3470 date of service 08-21-03 denied with denial code "JM". This is an invalid denial code. Reimbursement is recommended in the amount of \$25.50.

HCPCS code A4641 date of service 08-21-03 denied with denial code "JM". This is an invalid denial code. Reimbursement is recommended in the amount of \$72.00.

#### 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 HCPCS codes A4550, A4930, A4620, A4305, A4641 and CPT codes J0704, J2000, J3010, J2250 and J3470. The requestor **is not** entitled to reimbursement for CPT code J2912.

#### 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 date of service 08-21-03 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)).

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