

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 5-6-04.

I. DISPUTE

Whether there should be reimbursement for X-Ray of Shoulder, Localization, Needles, Contrast Material and Syringe on 9-22-03.

III. RATIONALE

These services were denied with codes of F, G and YG – “Reimbursement for this procedure is included in the basic allowance for another procedure.” Per rule 133.304 (c) Carrier didn't specify which service these CPT codes were global to, therefore they will be reviewed according to the Medicare Fee Schedule effective 8-1-03. Recommend reimbursement as follows:

CPT code 73030 – **\$40.03** (\$32.74 x 125%)

CPT code 76003 – **\$82.59** - The MAR is \$101.41, however, according to Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount or the as established by this rule or (2) health care provider's usual and customary charge).

CPT code A4215 – **\$9.00** - Per Rule 133.307(g)(3)(D), the Requestor justified that the payment being sought is a fair and reasonable rate of reimbursement.

CPT code A4647 - **\$54.00** - Per Rule 133.307(g)(3)(D), the Requestor justified that the payment being sought is a fair and reasonable rate of reimbursement.

CPT code A4209 - **\$2.00** - Per Rule 133.307(g)(3)(D), the Requestor justified that the payment being sought is a fair and reasonable rate of reimbursement.

IV. DECISION & ORDER

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202(c); in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c)(6); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for date of service 9-22-03 as outlined above in this dispute.

The above Findings, Decision and Order are hereby issued this 18th day of November 2004.

Donna Auby
Medical Dispute Resolution Officer

Medical Review Division