

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 June 02, 2004.

### **I. DISPUTE**

Whether there should be reimbursement for CPT codes 72148-WP-22 for date of service July 3, 2003. Although this dispute was docketed as a medical necessity dispute, EOBs were not submitted by either party. Therefore, the dispute will be reviewed according to Commission Rules and the 1996 Medical Fee Guideline.

### **II. RATIONALE**

The Requestor did not submit a position statement.

The Respondents' position statement dated June 18, 2003 states in part... "This medical dispute concerns treatment the requestor provided to the claimant on 7/3/03. The carrier contends this dispute should be dismissed because the medical bill was never submitted to the carrier and the carrier has not yet had an opportunity to properly audit the bill. The carrier has now sent the medical bill to its bill audit department. The carrier will pay for reasonable and necessary treatment in accordance with the applicable fee guidelines..."

The requestors' representative, \_\_\_\_, was contacted to check the status of the dispute. \_\_\_\_ reveals that the insurance carrier has made payment, but did not pay according to the 1996 Medical Fee Guideline.

- CPT Code 72148-WP-22 for date of service July 3, 2003. Per the 1996 Medical Fee Guideline, Radiology/Nuclear medicine Ground Rule (II)(C)(3) and the CPT code description reimbursement in the amount of \$184.80 (\$924.00 – \$739.20 (amount reimbursed by the insurance carrier)) is recommended.

### **III. DECISION AND ORDER**

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 code 29822-WP-22 in the amount of \$184.80. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$184.80 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order is hereby issued this 5<sup>th</sup> day of August 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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