

MDR Tracking Number: M5-05-1441-01

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 01-10-05.

I. DISPUTE

Whether there should be additional reimbursement for CPT codes 29881 and 29877 for date of service 03-19-04.

II. FINDINGS

Medical necessity issues were dismissed on 02-28-05 due to nonpayment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B). Per Rule 133.307(g)(3), a Notice had been sent to the requestor on 01-28-05 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 29881 date of service 03-19-04 denied with denial code "F/Z560" (charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix). The carrier has made a payment of \$104.71. Per Rule 134.202(c)(1) reimbursement is \$769.93 (\$615.94 X 125%). Additional reimbursement is recommended in the amount of **\$665.23 (\$769.93 minus carrier payment of \$104.71)**.

CPT code 29877 date of service 03-19-04 denied with denial code "F/Z560" (the charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix). The carrier has made a payment of \$50.00. Per Rule 134.202(c)(1) reimbursement is \$735.30 (\$588.24 X 125%). Additional reimbursement is recommended in the amount of **\$685.30 (\$735.30 minus carrier payment of \$50.00)**.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to additional reimbursement for CPT codes 29881 and 29877.

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 the 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 03-19-04 in this dispute.

The above Findings and Decision and Order are hereby issued this 8th day of March 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh