

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 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-11-05.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The unlisted diagnostic radiographic procedure (2 units) on 5-3-04 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The IRO reviewer noted that this service should have been billed as CPT code 72196. CPT code 72196 covers the combined procedure of the coccyx and the sacrum. The IRO reviewer did certify the medical necessity of this procedure.

The MAR for CPT code 72196 is \$807.38. However, the requestor billed \$747.91 for each part of the procedure. Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge. **Recommend reimbursement of \$1,495.82 (\$747.91 X 2 procedures).**

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 totaling \$1,495.82 on 5-3-04 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after 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 hereby issued this 18th day of May, 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

May 12, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: CASTILLO, ROSALINDA
EMPLOYEE: CASTILLO, ROSALINDA
POLICY: M5-05-1945-01
CLIENT TRACKING NUMBER: M5-05-1945-01 / 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

RECORDS RECEIVED FROM THE STATE:

Notice of IRO Assignment dated 4/12/05, 8 pages

RECORDS RECEIVED FROM THE REQUESTOR:

Letter of dispute from Lori Gallardo dated 3/7/05, 4 pages

HCFA billing for DOS 5/3/04, 2 pages

Explanation of Review for DOS 5/3/04, 3 pages

Letter of medical necessity from Rodriguez Chiropractic Clinic dated 11/9/04, 1 page

MRI Scan Sacrum and Coccyx Preliminary report dated 5/3/04, 1 page

Peer review dated 2/25/04, 8 pages

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Summary of Treatment/Case History:

CPT #76499 was declined as not medically necessary for the procedure of MRI of the Sacrum and was also separately coded as #76499 for the procedure of MRI of the coccyx both performed on the date of 05/03/2004.

Questions for Review:

1. Was the unlisted diagnostic radiographic procedure (#76499) on 5/3/04 medically necessary?

Explanation of Findings:

1. Was the unlisted diagnostic radiographic procedure (#76499) on 5/3/04 medically necessary?

Based on 2005 CPT Coding Book, these procedures are performed together as one procedure and not two procedures. The correct CPT coding for this procedure is #72196. Services are medically necessary billed as #72196 which covers the combined procedure of the coccyx and the sacrum.

Conclusion/Decision to Certify:

Decision to certify as medically necessary with appropriate code change. Code should be billed as #72196 not #76499. The code of #72196 covers the combined procedure of the coccyx and the sacrum. Billing separately as #76499 for the sacrum and billing separately for the coccyx as #76499 is incorrect. Decision to certify date 5/3/2004 with code change to one procedure code of #72196.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

2005 CPT Code Book

The physician providing this review is board certified in chiropractic medicine. The reviewer also holds additional certifications in Acupuncture and Orthopedics. The reviewer is a member of their state chiropractic association and is certified to provide reviews for the workers compensation commission as a designated doctor, RME and IME. The reviewer has been in active practice since 1998.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

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Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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