

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 Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for CPT code 99070.
- b. The request was received on August 23, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on December 13, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on December 13, 2002. The response from the insurance carrier was received in the Division on December 30, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the table of disputed services, that... “All sterile supplies used are medically necessary when performing injections. We resubmitted for additional payment with a copy of our supply sheet and were denied additional reimbursement. We are disputing the amount allowed as not sufficient compared to the rest of supplies used.”

2. Respondent: The respondent states in correspondence dated December 30, 2002 that... “...Provider seeks reimbursement for medical supplies and materials furnished during a lumbar myelogram. In support of the request for reimbursement, Provider attached a copy of the myelogram report itself and an itemized checklist of the specific supplies and materials with the amount billed for each. Carrier asserts that these documents do not meet the DOP requirement cited... Mostly importantly, Provider has failed to document the need or rationale for the medical supplies and materials at issue in this dispute. Provider simply provided the report for the procedure, which does not provide the information required by the MFG. Moreover, the checklist includes no information as to the need for these materials during the lumbar myelogram. The MFG required that DOP for the medical supplies is required for those billed at \$50.00 or greater. *See* MFG, General Instructions, paragraph IV, p. 2. Without proper DOP, Carrier properly reimbursed \$50.00 to Provider as required by the MFG> Provider has yet to sufficiently document the need and use of the medical supplies and materials in dispute... In addition to Provider’s inadequate documentation, Provider also failed to show that the amount billed is fair and reasonable for the supplies and materials listed. Pursuant to Rule 133.1, fair and reasonable reimbursement is ‘reimbursement that meets the standards set out in 413.011 of the Texas Labor Code.’... Provider has failed to demonstrate that the medical supplies and materials it provided on 11/21/01 were medically necessary to perform a lumbar myelogram, or that the amount charged for each supply or material is fair and reasonable. Provider has not met its burden of proof to establish that its charges of \$205.71 comply with the Act’s statutory standards for reimbursement. Therefore, it is not entitled to additional reimbursement...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is November 20, 2001.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11/20/01	99070	\$205.71	\$50.00	M	DOP	Rule 133.1(8) Rule 413.011(b) MFG, General Instructions (III) & (IV)	Submitted myelogram report and supplies list does not support that fair and reasonable was billed. Requestor submitted no redacted EOBs showing the requested amount is the fair and reasonable amount paid for supplies. Additional reimbursement is not recommended.
Totals		\$205.71	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 06th day of February 2003.

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

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