

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 HCPCS code J3301 and CPT code 97110.
- b. The request was received on September 4, 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. On October 24, 2002 the requestor submitted a letter withdrawing the CPT code 97110 and canceling the IRO review. On December 16, 2002 a letter requesting additional information was faxed to the requestor and a copy was placed in the insurance carrier representatives box. The respondent submitted a response to additional information on January 13, 2003.

III. PARTIES' POSITIONS

1. Requestor: Position statement not included in dispute.
2. Respondent: The respondent states in a letter dated January 13, 2003 that... "...The requestor submitted charges in the amount of 35.00 for injection of triamcinolone acetonide, per 10 mg, using HCPCS code J3301 for date of service 3/22/02. The carrier reimbursed the requestor a fair and reasonable rate of \$30.00 and explained, in part, that fair and reasonable reimbursement was made based

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is March 22, 2002.
2. The respondent denied the HCPCS code J3301 stating that the amount reimbursed was above their fair and reasonable based on the documentation the requestor submitted. The amount the requestor billed for HCPCS code J3301 was \$35.00; the respondent paid \$30.00 leaving an unpaid balance of \$5.00.
3. Per Rule 413.011(d) the requestor did not submit additional information, i.e., redacted EOBs, supporting their charge of \$35.00; therefore, reimbursement is not recommended.

The above Findings and Decision are hereby issued this 05th day of March 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf