

MDR Tracking Number: M5-03-1414-01

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 133.308 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. This dispute was received on 2-7-03.

This case was forwarded to an IRO for review pursuant to Rule 133.308. On 6-12-03 an Order for Payment of IRO fee was sent to provider. The provider did not comply with Order; therefore, the services denied based upon not medically necessary were dismissed.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

On June 30, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference
4-10-02	A4649	\$25.00	\$0.00	N	DOP	Surgery GR (V)(A) and (B)
	99070	\$1.50	\$0.00	G	DOP	Surgery GR (I)(A)
	99070	\$4.50	\$0.00	G	DOP	Surgery GR (I)(A)
	A4209	\$25.00	\$0.00	No EOB	DOP	Surgery GR (V)(A) and (B)
	A4215	\$110.00	\$0.00	No EOB	DOP	Surgery GR (V)(A) and (B)
	A4245	\$5.00	\$0.00	No EOB	DOP	Surgery GR (V)(A) and (B)
	A4649	\$25.00	\$0.00	G	DOP	Surgery GR (I)(A)
	A4649	\$50.00	\$0.00	No EOB	DOP	Surgery GR (V)(A) and (B)
	99070	\$1.50	\$0.00	No EOB	DOP	Surgery GR (V)(A) and (B)
	J7120	\$10.00	\$0.00	G	DOP	Surgery GR (I)(A)
	A4454	\$6.00	\$0.00	G	DOP	Surgery GR (I)(A)
	A4649	\$10.00	\$0.00	G	DOP	Surgery GR (I)(A)
	A4200	\$.15	\$0.00	G	DOP	Surgery GR (I)(A)
	A4645	\$100.00	\$0.00	N	DOP	Surgery GR (V)(A) and (B)
	J3490	\$25.00	\$0.00	N	DOP	Surgery GR (V)(A) and (B)
	A4649	\$30.00	\$0.00	G	DOP	Surgery GR (I)(A)
	A4649	\$30.00	\$0.00	G	DOP	Surgery GR (I)(A)
	A4649	\$1.50	\$0.00	G	DOP	Surgery GR (I)(A)
	A4649	\$4.00	\$0.00	G	DOP	Surgery GR (I)(A)
	A4649	\$3.00	\$0.00	G	DOP	Surgery GR (I)(A)
	A4649	\$250.00	\$0.00	G	DOP	Surgery GR (I)(A)
	A4649	\$176.00	\$0.00	G	DOP	Surgery GR (I)(A)

## RATIONALE

The requestor noted in their Rationale that, "Supplies are not global to the surgical procedure(s) according to TWCC 1996 Medical Fee Guideline. Under section IV titled 'Materials Supplied by the Health Care Provider', the guideline states: 'Supplies and materials provided over and above those included in the office visit... may be billed seperately... DOP is required for supplies over \$50.00.' These surgical supplies are not inclusive components of our epidural/surgical tray... We pay for all our supplies and are not reimbursed a facility fee to make up for this cost." The provider correctly refers to General Instructions GR (IV) for supplies and materials provided over and above an office visit; however, the report does not support that the principal procedure was an office visit. The report indicates that claimant underwent a 4 level discogram under IV conscious sedation. Injection for a Discogram is a procedure found under surgical procedures in MFG; therefore, the surgical ground rules also are applicable to billing.

Per Surgery GR (V) titled Surgical Procedures Performed in a Doctor's Office, (A) In order for the doctor's office to qualify for facility reimbursement for surgical procedures performed in a doctor's office, the office shall meet the following requirements:

1. a complete and routinely checked crash cart;
2. a registered nurse, CRNA, or doctor dedicated to the 'facility ' room;
3. a separate ovservation or recovery room;
4. patient monitoring equipment, including EKG and pulse oximetry equipment; and
5. support staff and equipment to ensure that the care received by the patient is the same as that which would have been received in an ambulatory surgical center or in the outpatient surgical ward of a hospital.

(B) If the above listed requirements are met, the only reimbursements allowed for facility charges shall be the following:

1. Sterile trays (which include **all** supplies, gloves, utensils, needles, suture material, etc needed to perform procedure). These shall be billed using 99070-ST. Reimbursement is the lesser of the doctor's usual charge or fair and reasonable reimbursement. DOP is required if charges are \$50.00 or greater;
2. Anesthesia supplies which include the administration of the sedative, the IV solution, the catheter/tubing, and drugs...99070-AS;
3. Postoperative monitoring is reimbursed hourly..."

A review of the report does not document requirements to perform surgical procedures in doctor's office per Surgery GR (V)(A), which is required to qualify for reimbursement of surgical supplies. Furthermore, the invoices indicate that requestor billed for the supplies separately and did not use CPT code 99070ST or 99070AS, which is required for billing of surgical supplies performed in doctor's office.

The injection for discography is a starred procedure. Per Surgery GR (I)(A)(3) the global fee concept does not apply to starred procedures. Surgery GR (I)(A)(1) defines the global fee concept includes the pre-operative care necessary for the specific surgical procedure, completion of hospital records, initiation of treatment, local anesthesia (including local infiltration, digital block, or topical anesthesia), the surgical procedure, and post-operative care that normally follows the specific surgical procedure. Therefore, the global fee concept does not apply to the starred procedure performed in the doctor's office. A review of the above table indicates that the insurance carrier denied services based upon "G - Unbundling". The disputed services are not services identified under Surgery GR (I)(A)(1). The listed services are supplies that are part of the sterile tray or anesthesia supply.

Therefore, the requestor did not bill for the disputed services in accordance with *Medical Fee Guideline*, no reimbursement is recommended.

This Decision is hereby issued this 14<sup>th</sup> day of November 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division