

MDR Tracking Number: M5-03-2888-01

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 7-28-03.

### **I. DISPUTE**

Whether there should be additional reimbursement for 72126-WP, 99499-RR, and 99070-ST on date of service 7-16-02.

### **II. FINDINGS**

On 9-5-03, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also requested 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 72126-WP on date of service 7-16-02 was denial as "F – ...the services performed are not reimbursable as billed." Relevant information supports delivery of service. Recommend reimbursement of \$670.00.

CPT code 94999-RR on date of service 7-16-02 was denied as "G – reimbursement for this procedure is included in the basic allowance for another procedure. Recovery room charges are not global. Relevant information supports delivery of service. Requestor billed \$119.00/hour; however, relevant information supports half hour recovery room charges. Recommend reimbursement of \$59.50.

CPT code 99070-ST on date of service 7-16-02 was partially paid with denial code "M – reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011(B). Relevant information supports delivery of service. Requestor billed \$237.11 and the carrier paid \$50.00. Relevant information to support additional reimbursement was submitted per Rule 133.307(g)(3) (A-F) and Labor Code 413.011(B). Recommended additional reimbursement of \$187.11.

#### **IV. ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) 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 for date of service 7-16-02 in this dispute.

This Order is hereby issued this 2nd day of April 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division