

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 reimbursement for CPT codes 95851 and 97110.
- b. The request was received on 9-8-02.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g) (3), the Division notified the requestor on 11-15-02 to provide two copies of additional documentation relevant to the fee dispute. Insurance carrier signature page was signed for on 11-19-02. The requestor did not respond to the request for additional documentation. The respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected as Exhibit #2 in the dispute file.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor letter dated 7-25-02:

Requestor stated that code 95851 is not global to code 99213 and that the fee guidelines were followed with no more than four modalities billed.
2. Respondent: No response received.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 11-13-01 and extending through 02-06-02.

## V. RATIONALE

Medical Review Division's rationale:

The requestor billed code 95851 on 11-13-01, 11-26-01, 12-10-01, 1-23-02, and 2-6-02 and code 97110 on 11-14-01 and 11-15-01. The insurance carrier denied these procedures as “F” – per fee guideline reduction.” The requestor did not submit documentation to support services rendered; therefore, no reimbursement can be recommended.

The requestor billed code 97110 on 10-25-01 and 1-4-02, codes 99213, 97265, 97250, 97122, and 97113 on 1-4-02 and 1-25-02. The requestor did not received EOBs for these services on these dates of service. The requestor did not submit documentation to support services rendered; therefore, no reimbursement can be recommended.

The above Findings and Decision are hereby issued this 17<sup>th</sup> day of January 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division