

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO: 453-04-1841.M5

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective December, 23, 1991 and Commission Rule 133.305, titled Medical Dispute Resolution-General, 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 3/19/02.

I. DISPUTE

Whether there should be additional reimbursement for office visits with/without manipulations, joint mobilization, traction, therapeutic procedures (one or more (areas), electrical stimulation and work hardening provided from 3/19/01 through 10/18/01.

II. FINDINGS

Dates of service denied by the insurance carrier as “U – unnecessary medical” were subsequently withdrawn by the requestor on 5/29/03, therefore are no longer eligible for review.

RATIONALE

- The following table identifies the disputed services and Medical Review’s Rationale:

| DOS | CPT CODE | Billed Amount | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|---------|--|---|--------|-----------------|---|-------------------------------------|--|
| 3/19/01 | 99213-MP 97265 97122 97110 | \$ 48.00 \$ 43.00 \$ 35.00 \$105.00 (3 units) | \$0.00 | L | \$ 48.00 \$ 43.00 \$ 35.00 \$105.00 (3 units) | TWCC Act 408.022(b) §126.9(a) | The TWCC 53 form was approved on 2/21/01 by the local TWCC Field Office. Services rendered during the dates of service in dispute were rendered by the approved treating doctor. Therefore, reimbursement due: 99213-MP \$48.00 x 4 days= \$192.00 97265 \$43.00 x 4 days= \$172.00 97122 \$35.00 x 3 days= \$105.00 97110 x 11 units @ \$35.00= \$385.00 97250-59 \$43.00 x 1 day= \$ 43.00 Total due: \$897.00 |
| 3/20/01 | 99213-MP 97265 97122 97110 | \$ 48.00 \$ 43.00 \$ 35.00 \$105.00 (3 units) | | | \$ 48.00 \$ 43.00 \$ 35.00 \$105.00 (3 units) | | |
| 3/21/01 | 99213-MP 97265 97250-59 97110 | \$ 48.00 \$ 43.00 \$ 43.00 \$105.00 (3 units) | | | \$ 48.00 \$ 43.00 \$ 43.00 \$105.00 (3 units) | | |
| 3/22/01 | 99213-MP 97265 97122 97110 | \$ 48.00 \$ 43.00 \$ 35.00 \$ 70.00 (2 units) | | | \$ 48.00 \$ 43.00 \$ 35.00 \$ 70.00 (2 units) | | |

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|---------|----------------------------|---|--------|---|---|--|--|
| 3/26/01 | 97265 97122 97110 | \$ 43.00 \$ 35.00 \$105.00 (3 units) | 0.00 | A | \$ 43.00 \$ 35.00 \$105.00 (3 units) | Rule134.600 (h)(10) | Per Rule 134.600, beyond 8 weeks of therapy, preauthorization is required. Requestor did not provide evidence of approval of preauthorization by carrier for DOS 3/26/01 through 3/29/01, therefore, reimbursement not recommended. |
| 3/27/01 | 97250-59 97122 97110 | \$ 43.00 \$ 35.00 \$105.00 (3 units) | | | \$ 43.00 \$ 35.00 \$105.00 (3 units) | | |
| 3/28/01 | 97250-59 97122 97110 | \$ 43.00 \$ 35.00 \$105.00 (3 units) | | | \$ 43.00 \$ 35.00 \$105.00 (3 units) | | |
| 3/29/01 | 97250-59 97122 97110 | \$ 43.00 \$ 35.00 \$105.00 (3 units) | | | \$ 43.00 \$ 35.00 \$105.00 (3 units) | | |
| 6/13/01 | 97265 | \$ 43.00 | \$0.00 | N | \$43.00 | MFG-MAR | The therapy started 6/13/01 and ended on 7/2/01. Office notes support services rendered. Reimbursement recommended: Amount due: 97265 \$43.00 x 2days = \$86.00 |
| 6/14/01 | 97265 | \$ 43.00 | | | \$43.00 | | |
| 6/18/01 | 97750-MT | \$ 86.00 | \$0.00 | A | \$43.00 (ea.extremity) | MFG-MGR (I)(E)(2) MFG-E&M Rule134.600 (h) | Muscle testing and office visits were denied inappropriately, as these CPT codes do not require preauthorization. Office notes supported delivery of services, reimbursement recommended. Amount due: 97750-MT \$43.00 x 2 units= \$ 86.00 99213-MP \$48.00 x 3 days= \$144.00 Total due: \$230.00 |
| 6/18/01 | 99213-MP | \$ 48.00 | | | \$48.00 | | |
| 6/19/01 | 99213-MP | \$ 48.00 | | | \$48.00 | | |
| 6/20/01 | 99213-MP | \$ 48.00 | | | \$48.00 | | |
| 6/18/01 | 97265 97250-59 97110 | \$ 43.00 \$ 43.00 \$105.00 (3 units) | \$0.00 | A | \$ 43.00 \$ 43.00 \$105.00 (3 units) | Rule 134.600 (h)(10) | Preauthorization was obtained for post-operative physical therapy modalities and therapeutic rehabilitation exercises, 3 x wk x 4 wks. The therapy started 6/13/01 and ended on 7/2/01. Office notes support services rendered. Reimbursement recommended: Amount due: 97265 \$43.00 x 3 days= \$129.00 97250-59 \$43.00 x 1 day= \$ 43.00 97122 \$35.00 x 2 days= \$ 35.00 97110 x 9 units @ \$35.00= \$210.00 Total due: \$417.00 |
| 6/19/01 | 97265 97110 | \$ 43.00 \$105.00 (3 units) | | | \$ 43.00 \$105.00 (3 units) | | |
| 6/20/01 | 97265 97122 97110 | \$ 43.00 \$ 35.00 \$105.00 (3 units) | | | \$ 43.00 \$ 35.00 \$105.00 (3 units) | | |
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|---------|----------------|-----------------------------------|--------------------|---|-----------------------------------|-------------------------|--|
| 6/21/01 | 97265 | \$43.00 | \$0.00 | F | \$43.00 | Rule 134.600 (h)(10) | . The office notes support delivery of services, therefore reimbursement recommended. 97265 \$43.00 x 2 days= \$86.00 |
| 6/26/01 | 97265 | \$43.00 | \$0.00 | F | \$43.00 | | |
| 6/21/01 | 97122 97110 | \$ 35.00 \$105.00 (3 units) | \$ 0.00 \$70.00 | U | \$ 35.00 \$105.00 (3 units) | Rule 134.600 (h)(10) | Denial of "U," is an inappropriate denial code. Preauthorization was approved for DOS 6/13/01 through 7/2/01 for these services. Office notes support services |

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|----------|----------------------|-----------------------------------|---------|---------|-----------------------------------|-------------------------|---|
| 6/27/01 | 97265 | \$43.00 | | | \$43.00 | | rendered. Reimbursement recommended: Amount due: 97122 \$35.00 x 1 day = \$ 35.00 97110 \$35.00 x 1 unit = \$ 35.00 97265 \$43.00 x 3 days= \$129.00 Total due: \$199.00 |
| 6/28/01 | 97265 | \$43.00 | | \$43.00 | | | |
| 7/2/01 | 97265 | \$43.00 | | \$43.00 | | | |
| 6/25/01 | 97250-59 | \$43.00 | \$43.00 | F | \$43.00 | MFG-GR | Code 97250-59 was paid according to MFG, therefore, no longer a dispute. |
| 6/26/0 | | | | | | | |
| 6/27/01 | 97110 | \$105.00 (3 units) | \$70.00 | F/N | \$105.00 (3 units) | MFG (I)(A)(10) | Two units of 97110 was paid according to MFG. |
| 6/28/01 | 97110 | \$105.00 (3 units) | \$70.00 | F/N | \$105.00 (3 units) | | Office notes supports delivery of services. Additional reimbursement recommended. |
| 7/2/01 | 97110 | \$105.00 (3 units) | \$70.00 | F/N | \$105.00 (3 units) | | Amount due: 97110 \$35.00 x 4 days= \$140.00 |
| 7/5/01 | 97110 | \$105.00 (3units) | \$70.00 | F/N | \$105.00 (3units) | MFG MAR | Office notes do not support delivery of three units of code 97110 on this date. Additional reimbursement not recommended. |
| 6/26/01 | 97032 | \$22.00 | \$0.00 | N | \$22.00 | MFG MAR | Office notes do not support delivery of services. Reimbursement not recommended. |
| 6/27/01 | 97032 | \$22.00 | | | \$22.00 | | |
| 6/28/01 | 97032 | \$22.00 | | | \$22.00 | | |
| 7/2/01 | 97032 | \$22.00 | | | \$22.00 | | |
| 7/6/01 | 97032 | \$22.00 | | | \$22.00 | | |
| 9/24/01 | 97545-WH 97546-WH | \$102.40 \$204.80 (4units) | 0.00 | A | \$102.40 \$204.80 (4units) | Rule 134.600 (h)(11) | Preauthorization is required for work hardening after the first six weeks. Respondent did not document the dates of service that were previously paid for work hardening services, proving the need for preauthorization. Per the medical documentation received from the requestor, the first four weeks of work hardening were completed prior to surgery on 5/16/01. Daily notes support delivery of fifth week of work hardening. Reimbursement recommended. 97545-WH \$102.40 x 5 days= \$512.00 97546-WH \$51.20 x 17 units= \$870.40 Total due: \$1,382.40 |
| 9/25/01 | 97545-WH 97546-WH | \$102.40 \$204.80 (3units) | | | \$102.40 \$204.80 (3units) | | |
| 9/26/01 | 97545-WH 97546-WH | \$102.40 \$204.80 (5 units) | | | \$102.40 \$204.80 (5 units) | | |
| 9/27/01 | 97545-WH 97546-WH | \$102.40 \$204.80 (2 units) | | | \$102.40 \$204.80 (2 units) | | |
| 9/28/01 | 97545-WH 97546-WH | \$102.40 \$204.80 (3 units) | | | \$102.40 \$204.80 (3 units) | | |
| 10/1/01 | 99213 | \$48.00 | 0.00 | N | \$48.00 | MFG GI (VI) | No documentation submitted for review for these dates of service, therefore reimbursement not recommended. |
| 10/3/01 | 99213 | \$48.00 | | | \$48.00 | | |
| 10/11/01 | 99213 | \$48.00 | | | \$48.00 | | |
| 10/18/01 | 99213 | \$48.00 | | | \$48.00 | | |
| TOTAL | | \$5789.40 | | | | | The requestor is entitled to reimbursement of \$3,437.40 |

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99213-MP, 97265, 97122, 97110, 97250-59, 97750-MT, 97545-WH and 97546-WH Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$3,437.40** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of November 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

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