

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 physical therapy.
- b. The request was received on March 25, 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. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on December 20, 2002. The signed memorandum was not returned; however, the response from the insurance carrier was received in the Division on January 23, 2003. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated September 28, 2001 that...
 "...As you can see through the enclosed information, treatment was provided as per MD order with pre-authorization received. We received an authorization #170363FO for 12 sessions on 04-19-01 & another one on 5-22-01 #170363F1 for 12 more sessions & another one on 07/06/01 for 5 sessions #176552. **THERE WERE NO SPECIFIC CPT CODES APPROVED DURING THE PRE-AUTHORIZATION PROCESS AND THIS IS NOT REQUIRED BY TWCC FOR PRE-AUTHORIZATION TO OCCUR...**"
2. Respondent: The respondent states in the correspondence dated January 16, 2003 that ...
 "...The Carrier has attached a copy of the computer print-out of the check showing when the provider was paid and the amount of the check..."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on April 18, 2001 and extending through July 3, 2001.
2. Requestor has submitted preauthorization approval from ____, which authorized physical therapy as requested. No CPT codes were listed on the preauthorization approval. Authorization numbers were: 170363, 170363F1, and 176552.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
04/08/01	97250	\$43.00	\$0.00	A	\$43.00 X 8 = \$344.00	Rule 134.600	Preauthorization requested and approved (see #2 above). Daily notes submitted support that services were rendered as billed. Reimbursement in the amount of \$344.00 is recommended.
04/20/01	97250	\$43.00	\$0.00	A			
04/25/01	97250	\$43.00	\$0.00	A			
04/26/01	97250	\$43.00	\$0.00	A			
04/30/01	97250	\$43.00	\$0.00	A			
05/02/01	97250	\$43.00	\$0.00	A			
05/07/01	97250	\$43.00	\$0.00	A			
05/09/01	97250	\$43.00	\$0.00	A			

04/18/01	97010	\$11.00	\$0.00	A	\$11.00 x 14 = \$154.00	Rule 134.600 Rule 133.301(a)	Preauthorization requested and approved (see #2 above). Daily notes submitted support that services were rendered as billed. Reimbursement in the amount of \$154.00 is recommended.
04/20/01	97010	\$11.00	\$0.00	A			
04/25/01	97010	\$11.00	\$0.00	A			
04/26/01	97010	\$11.00	\$0.00	A			
04/30/01	97010	\$11.00	\$0.00	A			
05/02/01	97010	\$11.00	\$0.00	A			
05/07/01	97010	\$11.00	\$0.00	A			
05/09/01	97010	\$11.00	\$0.00	A			
05/16/01	97010	\$11.00	\$0.00	A			
05/17/01	97010	\$11.00	\$0.00	A			
05/24/01	97010	\$11.00	\$0.00	A			
05/29/01	97010	\$11.00	\$0.00	A			
06/04/01	97010	\$11.00	\$0.00	A			
07/03/01	97010	\$11.00	\$0.00	A			
05/24/01	97124	\$28.00	\$0.00	A	\$28.00	Rule 134.600 Rule 133.301(a)	Preauthorization requested and approved (see #w above). Daily notes submitted support that services were rendered as billed. Reimbursement in the amount of \$28.00 is recommended.
Totals		\$526.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$526.00

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$526.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 10th day of February 2003.

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

MF/mf