

MDR Tracking Number: M5-03-0791-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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.

On June 6, 2003, the Medical Review Division issued an Order for Payment of IRO fee, instructing the requestor that failure to pay the IRO fee within 10 days would result in an immediate dismissal of the medical dispute. The provider failed to pay the IRO fee and the medical dispute portion of the dispute was 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On June 24, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-11-02	97250	\$43.00	\$0.00	F	\$43.00	CPT Code description	SOAP note for this date was not submitted. No reimbursement is recommended.
2-11-02 2-27-02	95851	\$36.00	\$0.00	G	\$36.00	CPT Code description Medicine GR (I)(E)(4)	Requestor billed office visit, physical therapy services and ROM testing on this date. ROM testing is not global to office visit or physical therapy. ROM report supports billed service, reimbursement of 2 dates X \$36.00 = \$72.00 is recommended.
2-12-02 2-28-02	97750-MT	\$43.00	\$0.00	G	\$43.00 / body area	Medicine GR (I)(E)(3)	Muscle testing was the only service billed on this date. Therefore, not global to any service. Muscle testing report supports billing of one body area. Reimbursement of 2 dates X \$43.00 = \$86.00 is recommended.

3-1-02	A4558	\$18.00	\$0.00	N	DOP	General Instructions GR (IV)	Conductive Paste or Gel was not documented. No reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of \$158.00

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 Decision is applicable for dates of service 2-11-02 through 3-1-02 in this dispute.

This Decision and Order is hereby issued this 22nd day of August, 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division