

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 11/20/02.

### **I. DISPUTE**

Whether there should be reimbursement for therapeutic procedures 97110, hot or cold packs 97010, electrical stimulation 97014, ultrasound 97035, office visits 99213, joint mobilization 97265 from 5/3/02 through 8/14/03.

### **II. FINDINGS**

On 5/5/03 the requestor withdrew from this dispute all services denied on the basis of medical necessity. All services reviewed were denied on the basis of the 1996 Medical Fee Guideline.

### **III. RATIONALE**

Although the requestor included 8/26/02 as a disputed date of service. Neither the requestor or the respondent submitted copies of the bill or EOB for this date of service. Per Commission Rule 133.307 (e)(2)(A-B), "Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;"

On this basis, the 8/26/02 date of service will not be included in this finding.

Per the 1996 Medical Fee Guideline, Medicine Ground Rules, (I)(A)(10)(a), "A physical medicine session is defined as any combination of four modalities (97010-97039), procedures (97110-97150) and/or physical medicine activities and training (97220-97541). On 6/17/02, 6/19/02, 7/17/02 and 8/14/02 payment was denied by the carrier because 97010 exceeded the four allowable modalities. The billing for 5/3/02 and 5/6/02 also indicated that 97010 exceeded the four modality limit. Therefore, reimbursement is not recommended for 97010 for all disputed dates of service.

For disputed dates of service 5/3/02 and 5/6/02 Explanation of Benefits (EOBs) were not submitted by either the requestor or the respondent. The documentation from the requestor supported that bills for both dates of service had been submitted and again re-submitted for

reconsideration. On this basis, the requestor has made a good faith effort to obtain EOBs from the carrier, therefore, the services will be reviewed solely on the basis of the Medical Fee Guideline. The following table explains the Commission's recommendation for payment and rationale for dates of service 5/3/02 and 5/6/02.

<b>Date of Service</b>	<b>CPT Code</b>	<b>Billed</b>	<b>PAID</b>	<b>MAR</b>	<b>Rationale</b>
5/3/02	99213	45.00	0.00	48.00	\$45.00 reimbursement recommended. Documentation supports delivery of service.
	97265	43.00	0.00	43.00	\$43.00 reimbursement recommended. Documentation supports delivery of service.
	97110 x 3	135.00	0.00	35.00	\$0.00 reimbursement recommended. Documentation supports delivery of service. However no explanation is provided to support the need for one to one service.
	97014	15.00	0.00	15.00	\$15.00 reimbursement recommended. Documentation supports delivery of service.
	97010	15.00	0.00	35.00	\$0.00 Reimbursement recommended per Medical Fee Guideline, Medicine Ground Rules, (I)(A)(10)(a)
	97035	15.00	0.00	15.00	\$15.00 reimbursement recommended. Documentation supports delivery of service.
5/6/03	99213	45.00	0.00	48.00	\$45.00 reimbursement recommended. Documentation supports delivery of service.
	97265	43.00	0.00	43.00	\$43.00 reimbursement recommended. Documentation supports delivery of service.
	97110 x 3	135.00	0.00	35.00	\$0.00 reimbursement recommended. Documentation supports delivery of service. However no explanation is provided to support the need for one to one service.
	97010	15.00	0.00	15.00	\$0.00 Reimbursement recommended per Medical Fee Guideline, Medicine Ground Rules, (I)(A)(10)(a)
	97014	15.00	0.00	15.00	\$15.00 reimbursement recommended. Documentation supports delivery of service.

	97035	15.00	0.00	15.00	\$15.00 reimbursement recommended. Documentation supports delivery of service.
<b>Total</b>			0.00		<b>\$251.00 Reimbursement Recommended</b>

**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 electrical stimulation 97014, ultrasound 97035, office visits 99213, joint mobilization 97265 from 5/3/02 through 8/14/03. in the amount of **\$251.00** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$251.00** 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 31st day of October 2003.

Medical Dispute Resolution Officer  
 Medical Review Division