

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 12/5/02.

I. DISPUTE

The dispute is whether there should be reimbursement for office visits (99213-MP), joint mobilization (97265), myofascial release (97250), traction (97122), aquatic therapy (97113), range of motion (95851) and muscle testing (97750-MT) from 7/23/02 through 9/20/02.

II. FINDINGS

The requestor submitted this dispute to the Medical Review Division on 12/5/02. The respondent sent in first response with the TWCC 60 on 12/9/02, timely.

The requestor submitted an updated table of disputed issues on 3/3/03 and 3/7/03. Therefore the dates of service in dispute are: 7/23/02, 7/25/02, 7/31/02, 8/15/02, 9/6/02 (CPT codes 97265, 97250, 95851) and 9/20/02.

III. RATIONALE

- The requestor states no EOB's for DOS 7/23/02 through 9/20/02 were received for review. Per Rule 133.307(e)(2)(A-B), the requestor provided copies of certified mail receipts where the requestor had received the reconsideration HCFA's for the disputed dates of service. Therefore, review being completed on the remaining DOS.

Disputed DOS	CPT CODE	Amt. Billed \$	Amt. Paid \$	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale.
7/23/02	99213-MP 97265 97250 97122 97113	51.00 46.00 46.00 37.00 165.00 (3 units)	\$0.00	No EOB's Rec'd. For Review	\$48.00 43.00 43.00 35.00 165.00	MFG, E&M GR (C), MGR (A)(B)(C)	Daily notes submitted by the requestor supports delivery of services, therefore reimbursement Recommended.
7/25/02	99213-MP 97265 97250 97122 97113 95851	51.00 46.00 46.00 37.00 52.00 (3 units) 48.00			\$48.00 43.00 43.00 35.00 156.00 \$36.00		

7/31/02	97750-MT	43.00			\$42.00		
8/15/02	99213-MP 97750-MT	51.00 46.00			\$48.00 42.00		
9/6/02	97265 97250 95851	46.00 46.00 38.00			43.00 35.00 36.00		Total amount due: \$942.00
9/20/02	97250	\$46.00		\$0.00	\$0.00	MFG, E&M GR (C), MGR (A)(B)(C)	SOAP notes do not support delivery of services. Therefore, reimbursement is not recommended.
TOTAL					\$942.00		The requestor is entitled to reimbursement of \$942.00.

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 treatment/services rendered from 7/23/02 through 9/20/02 in the amount of **\$942.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$942.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 05th day of November 2003.

Carol R. Lawrence
 Medical Dispute Resolution Officer
 Medical Review Division

CRL/cl