

MDR Tracking Number: M5-03-1111-01 (Previously M5-03-0279-01)

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.

The Medical Review Division has reviewed the IRO decision and determined that the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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. There are still fee issues to be resolved.

Per Rule 133.307 (g) (3), the Division notified the parties and required the requestor to submit two copies of additional documentation relevant to the fee dispute. The 14-day Notice was mailed on 1-2-03. Per Commission Rule 102.5(d), the date received is deemed to be five days from the date mailed. The 14-day Notice was also faxed on 2-12-03. The requestor did not respond. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 1-3-03. The carrier did not respond to the 14-day letter.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10/16/01 1/11/02	95851 knee 95851 lmbr	\$40.00 x 2 \$40.00 x 2	0.00	F	\$36.00	96 MFG E/M IV A; Med. GR I A 8 & I E 4	Denied as "Fee guideline MAR reduction. Included in another billed procedure." Range of motion testing is not global to an office visit if performed by a doctor; however, no documentation was submitted to support services rendered. No reimbursement recommended.
10/16/01	97750MT	\$215.00	0.00	F	\$ 43.00 per body area	96 MFG Med GR I E 3	Denied as "Not appropriately documented. Please submit start and stop times." Start and stop times are only required for FCEs; however, no documentation was submitted to support services rendered. No reimbursement recommended
1/28/02 2/15/02	97750MT	\$ 86.00 \$ 86.00	0.00	V	\$ 43.00 per body area	IRO Decision	IRO deemed these services as not medically necessary.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale		
1/30/02	99213 97265 97250 97150 97110	\$ 50.00 \$ 43.00 \$ 43.00 \$ 27.00 \$245.00	0.00	V	\$ 48.00 \$ 43.00 \$ 43.00 \$27.00 ea 15 min \$35.00 ea 15 min	IRO Decision	IRO deemed these services as not medically necessary.		
2/4/02 2/6/02 2/8/02 2/11/02 2/13/02 2/18/02	97265 x 6 97250 x 6 97150 x 6 97110 x 6	\$ 43.00 \$ 43.00 \$ 27.00 \$280.00	0.00	V	\$ 43.00 \$ 43.00 \$27.00 ea 15 min \$35.00 ea 15 min				
2/22/02	99080	\$ 72.50	0.00	V	\$.50 per page				
2/26/02	97750MT (Phy. Perf. Test)	\$215.00	0.00	V	\$43.00 ea body area				
2/26/02	95851 knee 95851 lmbr	\$ 40.00 \$ 40.00	0.00	V	\$ 36.00				
4/4/02	99213 97024 97014	\$ 50.00 \$ 25.00 \$ 17.00	0.00	V	\$ 48.00 \$ 21.00 \$ 15.00				
5/9/02	99213	\$ 50.00	0.00	V	\$ 48.00				
TOTAL									The requestor is not entitled to reimbursement.

This Order is hereby issued this 18th day of March 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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