

MDR Tracking Number: M5-03-1352-01

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 Regarding a Medical Fee Dispute. This dispute was received on 2-4-03.

The requestor's representative withdrew medical services denied based upon "U".

This dispute also contained services that 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
3-29-02 4-23-02	95851 (X2)	\$72.00	\$36.00	F	\$36.00 / each	Medicine GR (I)(E)(4)	ROM reports supports testing of lumbar and cervical spine; therefore, additional reimbursement of \$36.00 X 2 dates = \$72.00.
4-8-02	97110 (X3)	\$105.00	\$35.00	F	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support 1 to 1 supervised treatment per MFG. No reimbursement is recommended.
5-3-02	97750	\$86.00	\$43.00	F	\$43.00 / 15 min or per body area depends on type of test	Medicine GR (I)(E)(2)(3) CPT Code Descriptor	The requestor did not submit a medical record to support testing per MFG. Therefore, no reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$72.00</b> .

**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 3-29-02 through 6-11-02 in this dispute.

This Decision is hereby issued this 3<sup>rd</sup> day of November 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division