

The Medical Review Division's Findings and Decision of January 29, 2003, was issued in error and subsequently withdrawn by the Medical Review Division. The Original Findings and Decision, Appeal Letter and Withdrawal Notice are reflected in Exhibit 1.

This Amended Findings and Decision supercedes all previous decisions rendered in this matter.

The Medical Review Division's Findings and Decision of February 8, 2001, was issued in error and subsequently withdrawn because the Medical Review Division incorrectly reviewed the dispute. Also, the request contains a copy of the carrier's peer review and position statement in the form of a letter addressed to Compliance and Practices defending the medical necessity of services billed; the response also contains the same peer review and confirms that the bills were denied on that basis.

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 Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 16, 2002.

I. DISPUTE

Whether there should be reimbursement CPT codes 97012, 97250, 97530, 99214, 97112, and 97260 for dates of service October 31, 2001 through June 21, 2002.

II. FINDINGS

The original dispute was received at the Commission on December 16, 2002. The disputed dates of service outside the 365-day deadline are October 31, 2001 through December 12, 2001 and are outside the jurisdiction of Medical Dispute Resolution. The requestor submitted an up-dated table of disputed services on August 8, 2003.

A review of Texas Worker Compensation Commission (TWCC) information reveals that on January 20, 1999 an agreement where the injured worker and the insurance carrier agreed to lumbar and other areas as part of the compensable injury.

EOB's for dates of service October 31, 2001 through June 21, 2002 were submitted by the respondent on August 6, 2003 denying the disputed dates of service as "RECN 3 – Based on the documentation there is no additional reimbursement warranted. RECON – Supplemental payment for a previously considered service. S – Supplemental payment. E9031 – This is a duplicate of a previously considered service. HN213 – Treatment Guidelines. HN245 – Deny service; claim is denied". EOB's, denying treatment as not medical necessary, have not been submitted by either party; therefore, dates of service will be reviewed per the *1996 Medical Fee Guideline (MFG)*.

III. RATIONALE

- CPT code 99214 – EOB’s were not submitted for dates of service 2/7/02 and 6/12/02 and will be reviewed per the *Medical Fee Guideline (MFG)*; an EOB was submitted for date of service 3/4/02 denying the office visit as “HN245 – Deny service, claim is denied.” Per TWCC information, injured worker and insurance carrier agreed to the lumbar and other areas as part of the compensable injury; therefore, these dates of service will be reviewed according to the *MFG*. Per the *1996 Medical Fee Guideline*, Evaluation and Management Ground Rule (IV)(C)(1) and the CPT Descriptor, the submitted progress notes do not support the level of service billed. Reimbursement is not recommended.
- CPT code 97260 – EOB’s for dates of service 3/4/02 through 3/22/03 and 6/12/02 through 6/21/02 were denied as “HN245 – Deny service, claim is denied.” Per TWCC information, injured worker and insurance carrier agreed to the lumbar and other areas as part of the compensable injury; therefore, these dates of service will be reviewed according to the *MFG*. Per the *1996 Medical Fee Guideline*, Medicine Ground Rule (I)(A)(9)(c) and CPT descriptor progress notes submitted document a manipulation was performed on these dates of service; therefore, reimbursement in the amount of \$314.00 (35.00 x 9) recommended.
- CPT code 97260 – EOB’s for dates of service 1/11/02, 4/3/02, 4/11/02 and 4/16/02 were not submitted by either one of the parties and will be reviewed per the *MFG*. Per the *1996 Medical Fee Guideline*, Medicine Ground Rule (I)(A)(9)(c) and CPT descriptor progress notes submitted document a manipulation was performed on these dates of service; therefore, reimbursement in the amount of \$105.00 (\$35.00 x 3) is recommended.
- CPT code 97012 – Denial codes were not listed on the EOB’s for dates of service 2/7/02 and 2/11/02 and will be reviewed per the *MFG*. Progress notes document manual traction was performed on injured worker. Per the *1996 Medical Fee Guideline*, Medicine Ground Rule (I)(A)(9)(a)(ii), manual traction is one of the modalities that can be administered to the injured worker. Reimbursement in the amount of \$40.00 (\$20.00 x 2) is recommended.
- CPT code 97012 – EOB’s for dates of service 3/4/02 through 3/28/02 and 6/12/02 through 6/21/02 were denied as “HN245 – Deny service, claim is denied.” Per TWCC information, injured worker and insurance carrier agreed to the lumbar and other areas as part of the compensable injury; therefore, these dates of service will be reviewed according to the *MFG*. Per the *1996 Medical Fee Guideline*, Medicine Ground Rule (I)(A)(9)(a)(ii) progress notes document manual traction was performed on the injured worker; therefore, reimbursement in the amount of \$200.00 (\$20.00 x 10) is recommended.
- CPT code 97012 – EOB’s were not submitted by either party for dates of service 4/3/02 and 6/6/02 and will be reviewed per the *MFG*. Per the *1996 Medical Fee Guideline*, Medicine Ground Rule (I)(A)(9)(a)(ii) progress notes submitted document manual traction was performed on the injured worker; therefore, reimbursement in the amount of \$40.00 (\$20.00 x 2) is recommended.

- CPT code 97112 – The EOB submitted for date of service 12/12/01 used the exception code “S” and “RECON.” Per TWCC information, injured worker and insurance carrier agreed to the lumbar and other areas as part of the compensable injury; therefore, this date of service will be reviewed according to the *MFG*. The EOB submitted for date of service 2/20/02 denied the service as, “E9031 -- This is a duplicate of a previously considered service” and “HN224 – Duplicate bill”. Neither party has submitted documentation to support this date of service was duplicated; therefore, this date of service will be review per the *MFG*. An EOB was not provided by either party for dates of service 4/3/02 and 6/12/02 and will be reviewed per the *MFG*. EOB’s submitted for dates of service 3/13/02, 3/19/02, 6/17/02, and 6/21/02 were denied as “HN245 – Deny service, claim is denied.” Per TWCC information, injured worker and insurance carrier agreed to the lumbar and other areas as part of the compensable injury; therefore, these dates of service will be reviewed according to the *MFG*. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) progress notes submitted documents neuromuscular reeducation was one of the therapeutic procedures performed on injured worker; therefore, reimbursement in the amount of \$280.00 (\$35.00 x 8) is recommended.
- CPT Code 97250 – EOB’s submitted for dates of service 3/4/02 through 3/28/02 and 6/12/02 through 6/21/02 were denied as “HN245 – Deny service, claim is denied.” Per TWCC information, injured worker and insurance carrier agreed to the lumbar and other areas as part of the compensable injury; therefore, these dates of service will be reviewed according to the *MFG*. EOB’s were not provided for dates 4/3/02, 4/11/02, and 6/6/02 and will be reviewed per the *MFG*. Per the 1996 *Medical Fee Guideline*, Medicine Ground Rule (I)(A)(9)(c) progress notes submitted documents myofascial release was one of the procedures performed on the injured worker. Reimbursement in the amount of \$516.00 (\$43.00 x 12) is recommended.
- CPT code 97530 – EOB’s were not provided for dates of service 4/3/02, 4/16/02 and 6/6/02 and will be reviewed per the *MFG*. EOB’s were submitted for dates of service 3/4/02 through 3/28/02 and 6/12/02 through 6/21/02 denying as “HN245 – Deny service, claim is denied.” Per TWCC information, injured worker and insurance carrier agreed to the lumbar and other areas as part of the compensable injury; therefore, these dates of service will be reviewed according to the *MFG*. Per the 1996 *Medical Fee Guideline*, Medicine Ground Rule (I)(A)(11)(b) progress notes document therapeutic activities were one of the modalities used in the treatment of the injured worker; therefore reimbursement in the amount of \$455.00 (\$25.00 x 13) is recommended.

IV. AMENDED DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is entitled to reimbursement for CPT codes 97012, 97250, 97530, 99214, 97112, and 97260 in the amount of \$1,950.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby **ORDERS** the Respondent to remit **\$1,950.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Findings and Decision are hereby issued this 12th day of September 2003.

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Roy Lewis, Supervisor
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RL/mf