

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 March 13, 2003.

I. DISPUTE

1. Whether there should be reimbursement for CPT code 97799 for dates of service 11/12/02 through 11/25/02.

II. RATIONALE

- CPT code 97799 – EOBs provided by the respondent show that the disputed dates of service were denied for “A – Preauthorization required by not requested”. The requestor did not obtain preauthorization for a chronic pain management program. Preauthorization was requested and obtained for group psychotherapy sessions by a different health care provider. Per the 1996 Medical Fee Guideline, General Instructions (I)(B), a health care provider should select the name of the service or procedure that most accurately identifies this service performed. Requestor used improper code for the service rendered. Reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is not entitled to reimbursement for CPT code 97799.

The above Decision and Order are hereby issued this 06th day of June 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf