

MDR Tracking Number: M5-03-1776-01

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 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 03-17-03.

I. DISPUTE

Whether there should be reimbursement for dates of service 04-09-02 through 10-23-02.

II. FINDINGS

On 07-15-03, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (q)(1) and subsequently, the medical necessity issues for dates of service 05-13-02 through 10-23-02 were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

CPT code 97250 for DOS 7-16-02 was withdrawn on 05-26-04 by Elizabeth Thorpe at Brazos Orthopaedics and will not be reviewed. An updated table of disputed services was received on 05-21-04 from Elizabeth Thorpe at Brazos Orthopaedics and will be used for the review.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
4-09-02 4-10-02 4-11-02 5-06-02 5-08-02 7-16-02 (7 DOS)	97010	\$348.00 (1 unit @ \$29.00 X 5 DOS, 2 units @ \$58.00 X2 DOS 7-16-02 and 3 units @ \$87.00 DOS 5-6-02)	\$0.00	F	\$11.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service for DOS 7-16-02. Requestor did not submit relevant information to support delivery of service for all other DOS. Reimbursement recommended in the amount of \$11.00 X 3 units DOS 7-16-02 = \$33.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
4-09-02 4-10-02 4-11-02 5-02-02 5-03-02 5-06-02 5-08-02 5-10-02 7-15-02 (9 DOS)	97250	\$855.00 (1 unit @ \$45.00 X 8 DOS, 3 units @ \$135.00 X 3 DOS and 2 units @ \$90.00 X 1 DOS)	\$0.00	F	\$43.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service for DOS 5-2-02. Requestor did not submit relevant information to support delivery of service for 8 other DOS. Reimbursement recommended in the amount of \$43.00 X 1 DOS = \$43.00
4-10-02 4-11-02 4-26-02 4-30-02 5-6-02 5-8-02 7-16-02 8-5-02 (8 DOS)	97014	\$464.00 (1 unit @ \$29.00 X 3 DOS, 2 units @ \$58.00 X 2 DOS and 3 units @ \$87.00 X 3 DOS)	\$0.00	F	\$15.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service for 1 DOS 4-30-02. Requestor did not submit relevant information to support delivery of service for 8 other DOS. Reimbursement recommended in the amount of \$15.00 X 1 = \$15.00
4-30-02	97035	\$90.00 (3 units)	\$0.00	F	\$22.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$22.00 X 3 units = \$66.00
4-26-02 and 7-15-02 (2 DOS)	97250	\$180.00 (3 units @ \$135.00 DOS 4-26-02, 1 unit @ \$45.00 DOS 7-15-02)	\$0.00	NO EOB	\$43.00	Rule 133.307 (g)(3)(A-F)	Requestor did not submit relevant information to support delivery of service. No reimbursement recommended.
7-15-02	97035	\$30.00 (1 unit)	\$0.00	NO EOB	\$22.00	Rule 133.307 (g)(3)(A-F)	Requestor did not submit relevant information to support delivery of service. No reimbursement recommended.
7-15-02	97010	\$29.00 (1 unit)	\$0.00	NO EOB	\$11.00	Rule 133.307 (g)(3)(A-F)	Requestor did not submit relevant information to support delivery of service. No reimbursement recommended.
7-15-02	97014	\$29.00 (1 unit)	\$0.00	NO EOB	\$15.00	Rule 133.307 (g)(3)(A-F)	Requestor did not submit relevant information to support delivery of service. No reimbursement recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
7-16-02	97035	\$120.00 (4 units)	\$19.80	S,C	\$22.00	96 MFG MEDICINE GR(I)(a)(iii)	S,C – Carrier denied for negotiated amount. Requestor did not challenge carrier’s denial rationale. Neither party submitted a copy of the negotiated contract. No additional reimbursement recommended.
7-16-02	97014	\$58.00 (2 units)	\$27.00 (\$13.50 paid on each unit)	S,C	\$15.00	96 MFG MEDICINE GR(I)(a)(ii)	S,C – Carrier denied for negotiated amount. Requestor did not challenge carrier’s denial rationale. Neither party submitted a copy of the negotiated contract. No additional reimbursement recommended.
8-5-02	97250	\$45.00 (1 unit)	\$38.70	S,C	\$43.00	96 MFG MEDICINE GR(I)(c)	S,C – Carrier denied for negotiated amount. Requestor did not challenge carrier’s denial rationale. Neither party submitted a copy of the negotiated contract. No additional reimbursement recommended.
8-5-02	97140- LT	\$45.00 (1 unit)	\$0.00	NO EOB		Rule 133.307 (g)(3)(A-F)	Not recognized CPT code 96 MFG. No reimbursement recommended.
5-2-02	99213- 25	\$65.00 (1 unit)	\$0.00	F	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$48.00
7-9-02	99213- 25	\$65.00 (1 unit)	\$43.20	C	\$48.00	96 MFG E/M GR (VI)(B)	C- Carrier denied for negotiated amount. Requestor did not challenge carrier’s denial rationale. Neither party submitted a copy of the negotiated contract. No additional reimbursement recommended.
7-9-02	20610	\$150.00 (1 unit)	\$36.00	C	\$40.00	96 MFG SURGERY GR (II)(B)(2)(b)	C- Carrier denied for negotiated amount. Requestor did not challenge carrier’s denial rationale. Neither party submitted a copy of the negotiated contract. No additional reimbursement recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
7-9-02	J2000	\$10.00 (1 unit)	\$9.00	C	DOP	96 MFG DME GR (VIII)	C- Carrier denied for negotiated amount. Requestor did not challenge carrier's denial rationale. Neither party submitted a copy of the negotiated contract. No additional reimbursement recommended.
7-16-02	99213	\$65.00 (1 unit)	\$0.00	D	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor nor respondent submitted original denial reason. Reviewer cannot determine reason for denial. No reimbursement recommended.
7-16-02	20610	\$150.00 (1 unit)	\$0.00	D	\$40.00	Rule 133.307 (g)(3)(A-F)	Requestor nor respondent submitted original denial reason. Reviewer cannot determine reason for denial. No reimbursement recommended.
7-16-02	97140-RT	\$45.00 (1 unit)	\$0.00	NO EOB		Rule 133.307 (g)(3)(A-F)	Not recognized CPT code 96 MFG. No reimbursement recommended.
8-02-02	99213	\$65.00 (1 unit)	\$0.00	NO EOB	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$48.00
8-02-02	73070-WP	\$60.00 (1 unit)	\$0.00	NO EOB	\$43.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$43.00
TOTAL		\$2,968.00	\$173.70				Requestor is entitled to reimbursement in the amount of \$296.00

IV. DECISION AND 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 04-30-02 through 08-02-02 in this dispute.

The above Findings and Decision and Order are hereby issued this 3rd day of June 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh