

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 4-7-03.

### I. DISPUTE

Whether there should be reimbursement for 97545-WH-AP, 97546-WH-AP, 97750-FC, 99204, 99213, and 97260 on 4-18-02 to 5-20-02 and denied as “N” or no EOB submitted by either party.

### II. RATIONALE

On 6-30-03, a Notice was issued stating that the Division determined that the issues in dispute are related to reimbursement based on fee issues only. 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.

Code 99204 billed on 5-8-02 and 5-16-02 had no EOB. Since neither party submitted an EOB, this review will be per the 1996 Medical Fee Guideline. Relevant information supports delivery of service on 5-8-02 only. Recommend reimbursement of \$106.00.

Codes 97545-WH-AP and 97546-WH-AP billed on 4-18-02 had no proof of being sent to the carrier. The carrier also states they never received a billed for this date of service. Therefore, no review can be made.

Codes 97545-WH-AP and 97546-WH-AP billed on 5-2-02, 5-14-02, and 5-15-02 had no EOB. Relevant information supports delivery of service. Relevant information supports delivery of service and hours billed. Recommend reimbursement as follows:

<b>Date</b>	<b>CPT Code</b>	<b>Billed</b>	<b>MAR</b>	<b>Recommended Reimbursement</b>
5-2-02 5-14-02 5-15-02	97545-WH-AP (2 hrs)	\$128.00 x 3 days	\$64.00/hr for CARF approved	\$128.00 x 3 = \$384.00
5-2-02 5-14-02 5-15-02	97546-WH-AP (6 hrs)	\$384.00 x 3 days		\$384.00 x 3 hrs = \$1,152.00

Codes 97545-WH-AP and 97546-WH-AP billed on 5-1-02, 5-3-02, 5-6-02, 5-7-02, 5-8-02, 5-9-02, 5-10-02, 5-13-02, 5-16-02, and 5-17-02 were denied as “N”. Relevant information supports documentation criteria and delivery of service. Recommend reimbursement as follows:

<b>Date</b>	<b>CPT Code</b>	<b>Billed</b>	<b>MAR</b>	<b>Recommended Reimbursement</b>
5-1-02 5-3-02 5-6-02 5-7-02 5-8-02 5-9-02 5-10-02 5-13-02 5-16-02 5-17-02	97545-WH-AP (2 hrs)	\$128.00 x 10 days	\$64.00/hr for CARF approved	\$128.00 x 10 days = \$1,280.00
5-1-02 5-3-02 5-6-02 5-7-02 5-8-02 5-9-02 5-10-02 5-13-02 5-16-02 5-17-02	97546-WH-AP (6 hrs)	\$384.00 x 10 days		\$384.00 x 7 days = \$2,688.00 5-3-02 only 3 hrs documented @ \$64.00 x 3 = \$192.00.  5-8-02 only 4 hrs documented @ \$64.00/hr x 4 = \$256.00.  5-10-02 only 3 hrs documented @ \$64.00 x 3 = \$192.00. Total: \$3,328.00

Code 97750-FC billed on 5-3-02 and 5-20-02 had no EOB. Since neither party submitted an EOB, this review will be per the 1996 Medical Fee Guideline. Relevant information supports delivery of services. Recommend reimbursement of \$200.00 + \$200.00 = \$400.00.

Codes 99213 and 97260 billed on 5-10-02 had no EOB. Since neither party submitted an EOB, this review will be per the 1996 Medical Fee Guideline. Per 1996 MFG Medicine GR I B 1 b, the doctor shall use the code 99213 with the modifier “-MP” when providing an office visit in combination with a manipulation on the day of service. Requestor billed the codes separately. Relevant information supports delivery of service. Recommend reimbursement of \$48.00 only.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$6,698.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR: M5-03-1957-01

The above Findings, Decision, and Order are hereby issued this 17th day of June 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division