

Amended MDR Tracking Number: M5-03-2248-01 (Previously M5-03-0888-01)

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 dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above. This dispute was received 12/5/02.

This AMENDED FINDINGS AND DECISION supersedes all previous Decisions rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of 4/25/03 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 5/20/03. An Order was rendered in favor of the Requestor. The Requestor appealed the Order to an Administrative Hearing because the Required Medical Report TWCC-73 is subject to the parameters in Rule 129.5 and not subject medical necessity review.

I. DISPUTE

Whether there should be reimbursement for office visits (99214, 99215) work status reports (99080-73), and removal of sutures under anesthesia (15850) from dates of service (DOS) 12/18/01 through 9/12/02.

The respondent denied all DOS per peer review ('V'). Due to the work status reports not falling under the medical necessity issue, they will be reviewed per the 1996 Medical Fee Guideline.

II. RATIONALE

DOS	CPT CODE	Billed (Each)	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12/18/01	99214	\$90.00	\$0.00	V	\$71.00	IRO decision	The IRO determined office visits once a month, were medically necessary to treat this patient's condition and therefore reimbursement is recommended. Amount due: \$71.00 \$71.00 \$71.00 \$71.00 \$71.00 \$71.00 \$71.00 \$71.00 \$71.00 \$71.00 \$103.00 \$71.00 \$71.00 \$71.00 \$71.00 <u>\$71.00</u> \$742.00 Total Due
1/22/02	99214	\$90.00			\$71.00		
2/7/02	99214	\$90.00			\$71.00		
3/5/02	99214	\$90.00			\$71.00		
4/16/02	99214	\$90.00			\$71.00		
5/28/02	99215	\$137.00			\$103.00		
6/20/02	99214	\$90.00			\$71.00		
7/18/02	99214	\$90.00			\$71.00		
8/15/02	99214	\$90.00			\$71.00		
9/12/02	99214	\$90.00			\$71.00		

2/21/02	99214	\$90.00	0.00	V	\$71.00	IRO decision	The IRO determined these three office visits and sutures were not medically necessary, therefore, reimbursement can not be recommended. (\$709.00)
2/26/02	99214	\$90.00			\$71.00		
2/28/02	99214	\$90.00			\$71.00		
3/19/02	99214	\$90.00			\$71.00		
4/30/02	99214	\$90.00			\$71.00		
4/30/03	15850	\$120.00			\$354.00		
2/18/01	99080-73	\$15.00	\$0.00	V/ F	\$15.00 ea.	408.025	Reports required from the provider, have requirements. The 'work status' reports from 12/18/01 through 7/8/02 did not meet the requirements, therefore reimbursement can not be recommended. Reports for dates of service 8/15/02 and 9/12/02 were not submitted for review, therefore reimbursement can not be recommended.
2/7/02	x 12 days	ea.				Rule 129.5 (a)(2, 3, 4)	
2/21/02		x 12 days					
2/28/02							
3/5/02							
3/19/02							
4/16/02							
5/28/02							
6/20/02							
7/18/02							
8/15/02							
9/12/02							
TOTAL		\$1,697.00	\$0.00				The requestor is entitled to reimbursement of \$742.00.

On this basis, the total amount recommended for reimbursement (\$742.00) represents a majority of the medical necessity fees (\$742.00 greater than \$709.00) of the disputed healthcare and therefore, the requestor prevails in the IRO decision. Consequently, the requestor is owed a refund of the paid IRO fee upon receipt of this Order.

III. 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 99214, 99215 (for one visit per month 12/18/01 through 9/12/02) in the amount of \$742.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$742.00** 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 18th day of May 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl