

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 9-13-02.

### **I. DISPUTE**

Whether there should be reimbursement for CPT codes: 95851, 97265, 99213MP, 97122, 97110, 97250, 97545WH, 97546WH, 99080-69, 99080-73 and 99499L2WP.

### **II. FINDINGS**

1. On August 6, 2003 the requestor withdrew all services that would have been forwarded to IRO for review.
2. On August 16, 2004 the requestor forwarded an updated table to the Medical Review Division. The updated table contained the following services that were denied based upon "U" not medically necessary: 10-22-01 – 95851; 10-23-01- 97265, 10-26-01 – 97122, 97110; 11-16-01 -97122, 97250, 97265, 99213MP; and 12-14-01 – 97545WH. Since the requestor did not wish to forward dispute to an IRO for review, these services were not considered in the decision.
3. The insurance carrier submitted a response to the request for medical dispute resolution that contained some of the missing EOBs for services identified in number 2 above.

### **III. RATIONALE**

On March 8, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified above. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

The insurance carrier denied reimbursement based upon "D" duplicate; however, the original EOB was not submitted to determine the basis of denial. The Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-23-01	99213MP	\$48.00	\$0.00	F, D	\$48.00	Medicine GR (I)(B)(1)(B)	Requestor billed office visit with manipulation in accordance with MFG, reimbursement of \$48.00.
12-12-01	97545WH	\$102.40	\$0.00	N, F	\$51.20	Medicine GR (II)(E)	Work hardening note indicates that program started at 8:15 am and ended at 3:43 pm. The note indicates claimant took the recommended breaks. The Medical Review Division calculated the amount of time documented as: 8:15 to 3:43 = 7:30 hrs. minus 1 hour for lunch and breaks = 6:30 hrs. 6 ½ hrs X \$51.20 = \$332.80 is recommended..
12-12-01	97546WH (6)	\$307.20	\$0.00	N, F	\$51.20	Medicine GR (II)(E)	
7-2-02	99080-69	\$15.00	\$0.00	No EOB	\$15.00	Rule 133.106	Recommended reimbursement of MAR of TWCC-69 is \$15.00.
7-2-02	99080-73	\$15.00	\$0.00	No EOB	\$15.00	Rule 129.5(d)	HCFA-1500 indicates that a TWCC-73 was billed for 7-2-02 and 7-3-02. The insurance carrier paid for 7-3-02. An EOB for the 7-2-02 was not submitted. Recommended reimbursement of MAR of TWCC-73 is \$15.00.
7-2-02	99499L2WP	\$500.00	\$0.00	No EOB	\$332.00	Evaluation & Management GR (XXII)	The requestor billed 99499 which is to be used by RME doctor. The MFG indicates that treating doctor is to bill using 99455.  The MAR is \$300.00 for one body area + L2 = \$32.00 for a total reimbursement of \$332.00.
TOTAL							The requestor is entitled to reimbursement of <b>\$742.80</b> .

#### IV. 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 for CPT code(s) 99213MP, 97545WH, 97546WH, 99080-69, 99080-73 and 99499L2WP in the amount of **\$742.80**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$742.80** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15<sup>th</sup> day of September 2004.  
Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division