

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 5-19-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97113, 99090 and 99362.

II. FINDINGS

1. On 7-2-03, the requestor's representative, Rebecca Wood, withdrew the medical necessity portion of the dispute.
2. The insurance carrier submitted an untimely response to the request for medical dispute resolution and will not be considered in this decision.
3. On July 15, 2003, 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.

III. RATIONALE

1. House Bill 2600 abolished the treatment guidelines effective January 1, 2002; therefore, the insurance carrier incorrectly denied disputed service with EOB denial code "T." Disputed services denied with EOB denial code "T" will be reviewed in accordance with the Commission's *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-22-02	97113	\$416.00	\$0.00	T	\$52.00 / 15 min	Medicine GR (I)(A)(9)(b)	Aquatic therapy was provided on one to one basis; therefore reimbursement of \$416.00 is recommended.
11-22-02	99090	\$108.00	\$0.00	T	\$108.00	CPT code descriptor	Analysis of Information stored in computers – Report to support service was not submitted to support billed service per MFG, no reimbursement is recommended.
1-9-03	99362	\$95.00	\$0.00	T	\$95.00	CPT code descriptor	Team conference approximately 60 minutes - Report to support service was not submitted to support billed service per MFG, no reimbursement is recommended.

TOTAL			The requestor is entitled to reimbursement of \$416.00.
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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 97113 in the amount of **\$ 416.00.** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$416.00** 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 11th day of August 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division