

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 June 12, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97032, 97110, 97250, 97265, 99213-MP, 97010, 97122, 99213, and 99080-73 for dates of service 8/21/02 through 4/18/02.

II. FINDINGS

This dispute also contained medical necessity issues in which the requestor withdrew in a fax dated July 16, 2003. Therefore, only general fee issues will be reviewed.

Per Rule 133.307(g)(3)(B) the requestor did not submit documentation in the treatment notes to support services were rendered as billed for CPT codes 97010 and 97122 for date of service 9/4/02; CPT code 99080-73 for dates of service 2/17/03 and 4/18/03; and CPT code 99213 for date of service 3/21/03; therefore, these CPT codes cannot be reviewed.

III. RATIONALE

Neither party submitted EOBs for the CPT codes and dates of service listed below to be reviewed; therefore, this dispute will be reviewed as a general fee dispute.

- CPT Code 97032 x 2 for each of the dates of service 8/23/02 and 10/28/02. Per the 1996 Medical Fee Guideline (MFG), Medicine Ground Rule (MGR) (I)(A)(9)(a)(iii) submitted treatment notes support services were rendered as billed. The table of disputed services submitted by the requestor shows payment of \$44.00 for date of service 8/23/02, the requestor is seeking an additional reimbursement of \$2.00; however, MAR on electrical stimulation is \$22.00 per unit; therefore, this date of service has been reimbursement in accordance with the 1996 MFG. Reimbursement in the amount of \$44.00 (\$22.00 x 2) is recommended.
- CPT Code 97110 for date of service 10/28/02. Per the 1996 MFG/MGR (I)(A)(9)(b) relevant information did not document the severity of the injury that would require exclusive one-to-one supervision. Reimbursement is not recommended.
- CPT Code 97250 for dates of service 10/28/02, 2/13/03, and 2/28/03. Per the 1996 MFG/MGR (I)(A)(10)(a) treatment notes support services were rendered as billed. Reimbursement in the amount of \$129.00 (\$43.00 x 3) is recommended.

- CPT Code 97265 for dates of service 10/28/02, 2/13/03, and 2/28/03. Per the 1996 MFG/MGR (I)(A)(10)(a) treatment notes support services were rendered as billed. Reimbursement in the amount of \$129.00 (\$43.00 x 3) is recommended.
- CPT Code 99213 for dates of service 10/28/02, 1/6/03, and 2/13/03. Per the 1996 MFG/Evaluation and Management Ground Rule (E&MGR) (IV)(C)(2) treatment notes support services were rendered as billed. Reimbursement in the amount of \$144.00 (\$48.00 x 3) is recommended.
- CPT Code 99213 for dates of service 3/7/03 and 3/13/03. The 1996 MFG/MGR (I)(A)(4) states in part that... “If treatment by the HCP is to be continued, re-examination by the treating doctor shall occur at least monthly”. Submitted treatment notes for date of service 3/7/03 support services were rendered as billed. Reimbursement in the amount of \$48.00 is recommended.
- CPT Code 99213-MP for date of service 2/28/03. Per the 1996 MFG/MGR (I)(B)(1)(a) submitted treatment notes support service was rendered as billed. Reimbursement in the amount of \$48.00 is recommended.
- CPT Code 99080-73 for date of service 3/17/03. Per §129.5(b) the submitted TWCC-73 supports services were rendered as billed. Reimbursement in the amount of \$15.00 is recommended.

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 codes 97032, 97250, 97265, 99213, and 99213-MP in the amount of \$557.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$557.00** 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 09th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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