

MDR Tracking Number: M5-03-2545-01

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 review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06-10-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213-MP and 99213 for dates of service 11-08-02, 01-24-03, 02-19-03, 03-04-03, 03-25-03, 04-01-03, 04-11-03 and 04-28-03.

II. FINDINGS

The medical necessity issues for dates of service 08-22-02 through 10-18-02, 12-04-02 through 01-10-03 and 03-11-03 were withdrawn on 07-15-03 by Cody Pettey with Atlantis Healthcare. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 08-07-03 requesting 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.

III. RATIONALE

CPT code 99213-MP dates of service 11-08-02, 02-19-03, 03-04-03 and 03-25-03 denied with denial code "F". The carrier has not made any reimbursement. Reimbursement is recommended per the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GR VI(B) in the amount of \$144.00 (\$48.00 X 3 DOS).

CPT code 99213 date of service 01-24-03 denied with denial code "E". No TWCC-21 has been filed in accordance with Rule 124.2(h). Reimbursement is recommended per the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GR VI(B) in the amount of \$48.00.

Review of CPT code 99213-MP dates of service 04-01-03, 04-11-03 and 04-28-03 revealed that neither the requestor nor the respondent submitted copies of EOB's. Per Rule 133.307(e)(2)(B) the requestor submitted convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement is recommended per the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GR VI(B) in the amount of \$144.00 (\$48.00 X 3).

IV. DECISION

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 99213-MP and 99213 for dates of service 11-08-02, 01-24-03, 02-19-03, 03-04-03, 03-25-03, 04-01-03, 04-11-03 and 04-28-03.

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 11-08-02, 01-24-03, 02-19-03, 03-04-03, 03-25-03, 04-01-03, 04-11-03 and 04-28-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Findings and Decision and Order are hereby issued this 10th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh