

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 October 30, 2002.

I. DISPUTE

Whether there should be reimbursement for CPT codes 95851, 99213, 97265, 97250, 97122, 97110 and additional reimbursement for CPT codes 97545-WH and 97546-WH.

II. FINDINGS

In a letter dated June 19, 2003 the insurance carrier representative, ____, states that... “We do not show that we have received billing for date of service 7-23-02.” The requestor has not submitted convincing evidence to support that they submitted a request for reconsideration for this date of service; therefore, per Rule 133.307(e)(2)(B) this date of service cannot be reviewed.

The respondent has submitted EOBs showing payment for dates of service March 4, 2002 and July 29, 2002. Per Rule 133.307(m)(1) the Commission has determined that these dates of service will be dismissed and will not be reviewed.

III. RATIONALE

- CPT Code 95851 for date of service 12/11/01 – Denied as “G – Disallowed our records indicate this service/procedure is included in another service/procedure”. Per the 1996 Medical Fee Guideline MFG), Medicine Ground Rule (MGR) (I)(E)(2)(ii)(AA) range of motion testing is included in a physical capacity evaluation; however, submitted EOBs and HCFAs do not indicate a physical capacity evaluation was performed. The submitted ROM testing results support delivery of service. Reimbursement in the amount of \$72.00 (\$36.00 x 2) is recommended.
- CPT Code 97545-WH for dates of service 02/13/02 through 02/28/02 – Denied as “F – Fee Guideline MAR reduction”. Per the 1996 MFG/MGR (II)(C) and (E)(5) submitted work hardening notes support delivery of services as billed. Reimbursement in the amount of \$204.40 (\$819.20 - \$614.80 non-CARF accreditation at 20% below the MAR of \$64.00 per hour) is recommended.
- CPT Code 97546-WH for date of service 2/28/02 – Denied as “F – Fee Guideline MAR reduction”. Per the 1996 MFG/MGR (II)(C) and (E)(4) and (5) submitted work hardening notes support delivery of services as billed. Reimbursement in the amount of \$166.40 (\$307.20 - \$140.80 (non-CARF accreditation at 20% below the MAR of \$64.00 per hour)) is recommended.

- CPT Code 99213 for date of service 6/25/02 – No EOB was submitted by either party; therefore, this date of service will be reviewed as a general fee. Per the 1996 MFG/Evaluation & Management Ground Rule (IV)(C)(2) submitted office notes support delivery of service. Reimbursement in the amount of \$48.00 is recommended.

III. 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 95851, 99213, 97545-WH and 97546-WH. in the amount of \$490.80. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$490.80** 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 08th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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