

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 7-11-03.

I. DISPUTE

Whether there should be additional reimbursement for 97530, 97112, E1399, E0745, 99213, 97250, 97265, 99215 on dates of service 3-19-03, 3-26-03, 4-2-03, 5-2-03, 5-16-03, 5-21-03, 6-13-03, and 6-20-03.

II. FINDINGS

On 9-9-03, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also requested 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 codes 97530 and 97112 on dates of service 3-19-03 and 3-26-03 were denied as "F – submitted documentation does not support or meet the criteria for one-to-one therapy that is identified in the fee guideline ground rules and or CPT code descriptor for reimbursement." Requestor failed to submit relevant information to clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment; therefore, no reimbursement recommended.

CPT code E1399 on dates of service 4-2-03 and 5-2-03 were denied as "N – our records indicate that this item is being used in conjunction with primary equipment that has not been rented or purchased by our company. Please submit documentation identifying primary equipment and dates of rental/purchase." Requestor failed to submit relevant information to support documentation criteria and delivery of service per Rule 133.307(g)(3)(A-F); therefore, no reimbursement recommended.

CPT code E0745 on date of service 4-2-03 was denied as "rental fees for durable medical equipment are based on a monthly rate per page 253 of the durable medical equipment section. 04/01/96 Texas Medical Fee Guidelines. Therefore reimbursement is limited to one per month." No denial code was given. Requestor failed to submit relevant information to support delivery of service per Rule 133.307(g)(3)(A-F); therefore, no reimbursement recommended.

CPT codes 99213, 97250, 97265, 97530, 97112 on date of service 5-16-03 had no EOB; therefore this review will be per the 1996 *Medical Fee Guideline (MFG)*. Relevant information supports delivery of service. Recommend reimbursement of \$48.00 + \$43.00 + \$43.00 + \$35.00 + \$35.00 = \$204.00.

CPT codes 99215, 97250, 97265, 97530, 97112 on date of service 5-21-03 had no EOB; therefore this review will be per the 1996 *Medical Fee Guideline (MFG)*. Relevant information supports delivery of service. Recommend reimbursement of \$103.00 + \$43.00 + \$43.00 + \$35.00 + \$35.00 = \$259.00.

CPT code 99455-L5 and 99372 on date of service 6-13-03 had no EOB; therefore this review will be per the 1996 *Medical Fee Guideline (MFG)*. Relevant information supports delivery of service for the MMI/IR. Recommend reimbursement of \$420.00. Relevant information did not support delivery of service for code 99372. No reimbursement recommended.

CPT code 99372 on date of service 6-20-03 had no EOB; therefore this review will be per the 1996 *Medical Fee Guideline (MFG)*. Relevant information supports delivery of service. Recommend reimbursement of \$21.00.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 for dates of service 5-16-03 through 6-20-03 in this dispute.

This Order is hereby issued this 22nd day of March 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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