

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 11-22-02.

I. DISPUTE

Whether there should be reimbursement for 99204, 97110, 97265, 97250, 97035, 97032, 97122, 72100WP, 72010WP, 72020WP, 99070, 99071, 95900, 95904, 95935, 97750, A4556, E0745, 99242, 99090, 93740, 97014 and 99213MP.

II. FINDINGS

1. On August 22, 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.
2. The insurance carrier submitted an untimely response to the request for medical dispute resolution and will not be considered in this decision.

III. RATIONALE

The Contested Case Hearing resolved the issue of compensability and found that claimant did sustain a compensable back injury. Therefore, services will be reviewed per MAR of the Commission's *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
7-8-02	99204	\$250.00	\$0.00	E, R	\$106.00	CPT Code Descriptor	Reimbursement of \$106.00 is recommended.
7-8-02	72100WP	\$244.00	\$0.00	E,R	\$56.00	CPT Code Descriptor	Reimbursement of \$56.00 is recommended.
7-8-02	72020WP	\$50.00	\$0.00	E, R	\$37.00	CPT Code Descriptor	Reimbursement of \$37.00 is recommended.
7-8-02	72120WP	\$100.00	\$0.00	E, R	\$56.00	CPT Code Descriptor	Reimbursement of \$56.00 is recommended.
7-8-02	99070	\$25.00	\$0.00	E, R	DOP	CPT Code Descriptor	Reimbursement of \$25.00 is recommended.
7-8-02	E0745	\$495.00	\$0.00	E, R	DOP	CPT Code Descriptor	Reimbursement of \$495.00 is recommended.
7-8-02	99071	\$25.00	\$0.00	E, R	DOP	CPT Code Descriptor	Reimbursement of \$71.00 is recommended.

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7-9-02	95900 (4)	\$64.00 ea x 4 = \$256.00	\$0.00	E, R	\$64.00 / nerve	CPT Code Descriptor	Reimbursement of \$256.00 is recommended.
7-9-02	95904 (4)	\$64.00 ea x 4 = \$256.00	\$0.00	E, R	\$64.00 / nerve	CPT Code Descriptor	Reimbursement of \$256.00 is recommended.
7-9-02	95935 (6)	\$53.00 ea 6 = \$318.00	\$0.00	E, R	\$53.00 / study per extremity	CPT Code Descriptor	Testing of lower extremities F and H- wave = 4 studies = \$53.00 X 4 = \$212.00
7-9-02	99242	\$90.00	\$0.00	E, R	\$90.00	CPT Code Descriptor	Consultation reimbursement is \$90.00.
7-9-02	99090	\$108.00	\$0.00	E, R	\$108.00	CPT Code Descriptor	Reimbursement of \$108.00 is recommended.
7-9-02	93740 (3)	\$84.00 ea X 3 = \$252.00	\$0.00	E, R	\$84.00	CPT Code Descriptor	Reimbursement of \$84.00 X 3 = \$252.00 is recommended.
7-9-02	A4556	\$80.00	\$0.00	E, R	DOP	CPT Code Descriptor	Reimbursement of \$80.00 is recommended.
8-21-02	A4556	\$85.00	\$0.00	E, R	DOP	CPT Code Descriptor	Reimbursement of \$85.00 is recommended.
7-9-02 7-11-02 7-12-02 7-15-02 7-16-02 7-17-02 7-18-02 7-19-02 7-22-02 7-23-02 7-24-02 7-26-02 7-29-02 7-31-02 8-2-02 8-5-02 8-12-02 8-20-02	97032 (2)	\$22.00 ea X 2 = \$44.00	\$0.00	E, R	\$22.00 / 15 min	CPT Code Descriptor	Reimbursement of \$44.00 X 18 dates = \$792.00 is recommended.
8-23-02	97032	\$22.00	\$0.00	E, R	\$22.00	CPT Code Descriptor	Reimbursement of \$32.00 is recommended.

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7-9-02 7-11-02 7-12-02 7-15-02 7-16-02 7-17-02 7-18-02 7-19-02 7-22-02 7-23-02 7-24-02 7-26-02 7-29-02 7-31-02 8-2-02 8-5-02 8-12-02 8-20-02 8-21-02	97035	\$22.00	\$0.00	E, R	\$22.00	CPT Code Descriptor	Reimbursement of \$22.00 X 19 dates = \$418.00 is recommended.
8-7-02 8-9-02	97110 (2)	\$35.00 ea X 2 = \$70.00	\$0.00	E, R	\$35.00 ea X 2 = \$70.00	CPT Code Descriptor	Reimbursement of \$70.00 X 2 dates = \$140.00 is recommended.
7-9-02 7-15-02 7-16-02 7-29-02 8-2-02 8-5-02 8-12-02 8-21-02 8-23-02 8-27-02	97110 (3)	\$35.00 ea X 3 = \$105.00	\$0.00	E, R	\$35.00 ea X 3 = \$105.00	CPT Code Descriptor	Reimbursement of \$105.00 X 10 dates = \$1050.00 is recommended.
7-11-02 7-12-02 7-17-02 7-18-02 7-19-02 7-22-02 7-23-02 7-24-02 7-26-02 7-31-02 8-20-02 8-28-02 8-29-02 8-30-02 9-3-02 9-4-02	97110 (4)	\$35.00 ea X 4 = \$140.00	\$0.00	E, R	\$35.00 ea X 4 = \$140.00	CPT Code Descriptor	Reimbursement of \$140.00 X 16 dates = \$2240.00 is recommended.
9-5-02	97110 (5)	\$35.00 ea X 5 = \$175.00	\$0.00	E, R	\$35.00 ea X 5 = \$175.00	CPT Code Descriptor	Reimbursement of \$175.00 is recommended.

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8-12-02	97110 (8)	\$35.00 ea X 8 = \$280.00	\$0.00	E, R	\$35.00 ea X 8 = \$280.00	CPT Code Descriptor	Reimbursement of \$280.00 is recommended.
7-9-02 7-11-02 7-12-02 7-15-02 7-16-02 7-17-02 7-18-02 7-19-02 7-22-02 7-23-02 7-26-02 7-29-02 7-30-02 7-31-02 8-2-02 8-5-02 8-7-02 8-9-02 8-12-02 8-13-02 8-20-02 8-21-02 8-22-02 8-23-02 8-27-02 8-29-02 8-30-02 9-3-02 9-4-02 9-5-02	99213MP	\$48.00	\$0.00	E, R	\$48.00	CPT Code Descriptor	Reimbursement of \$48.00 X 30 dates = \$1440.00 is recommended.
7-11-02 7-12-02 7-15-02 7-17-02 7-29-02 8-5-02 8-7-02 8-9-02 8-12-02 8-20-02 8-23-02 8-30-02 9-3-02 9-4-02 9-5-02	97265	\$43.00	\$0.00	E, R	\$43.00	CPT Code Descriptor	Reimbursement of \$43.00 X 15 dates = \$645.00 is recommended.

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7-16-02 7-18-02 7-19-02 7-22-02 7-23-02 7-24-02 7-31-02 8-2-02 8-5-02 8-7-02 8-9-02 8-30-02 9-4-02 9-5-02	97250	\$43.00	\$0.00	E, R	\$43.00	CPT Code Descriptor	Reimbursement of \$43.00 X 14 dates = \$602.00 is recommended.
7-19-02 8-21-02 8-23-02 8-30-02 9-3-02 9-4-02 9-5-02	97122	\$35.00	\$0.00	E, R	\$35.00 / 15 min	CPT Code Descriptor	Reimbursement of \$35.00 X 7 dates = \$245.00 is recommended.
7-26-02	97750 (12)	\$43.00 X 12 = \$516.00	\$0.00	E, R	\$43.00 / 15 min for FCE it's \$100.00/hr	Medicine GR (I)(E)	Report 's heading is Functional Capacity Evaluation Summary. MAR for 1 st FCE is \$500.00
8-6-02	97750 (10)	\$43.00 X 10 = \$430.00	\$0.00	E, R	\$43.00 / 15 min for FCE it's \$100.00/hr	Medicine GR (I)(E)	Report 's heading is Functional Capacity Evaluation Summary. MAR for 2 nd and 3 rd FCE is \$200.00
8-7-02 8-9-02 8-21-02	97014	\$15.00	\$0.00	E, R	\$15.00	CPT Code Descriptor	Reimbursement of \$15.00 X 3 dates = \$45.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$10,989.00

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, 99204, 97110, 97265, 97250, 97035, 97032, 97122, 72100WP, 72120WP, 72020WP, 99070, 99071, 95900, 95904, 95935, 97750, A4556, E0745, 99242, 99090, 93740, 97014 and 99213MP in the amount of **\$10,989.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$10,989.00** 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 7th day of September 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division