

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 8-8-03.

I. DISPUTE

Whether there should be additional reimbursement for 97010 on date of service 4-16-03.

II. FINDINGS

On 9-23-03, 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 code 97010 on date of service 4-16-03 was partially paid with a denial code of "F – Fee Guideline MAR Reduction" and "R35 – Maximum units exceeded, Payment adjusted." Per the 1996 *Medical Fee Guideline* Medicine Ground Rules and CPT descriptor, the maximum reimbursement for code 97010 is \$11.00 regardless of number of areas treated. HCFA indicates two units were billed and EOB shows carrier paid \$11.00. The requestor did not submit additional documentation to support delivery of service for the additional reimbursement.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 97010.

The above Findings and Decision are hereby issued this 06th day of February 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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