

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 08-11-03

I. DISPUTE

Whether there should be reimbursement for CPT code 97116 for dates of service 10-11-02, 11-06-02 and 11-11-02, code 95851 for dates of service 10-29-02 and 11-12-02, code 97265 dates of service 10-29-02 and 11-11-02, code 97250 date of service 11-11-02, code 99213-MP date of service 02-21-03, code L0515 date of service 02-21-03 and code 99080-73 date of service 03-03-03.

II. FINDINGS

The medical necessity issues for dates of service 9-26-02 through 5-29-03 were withdrawn on 09-22-03. An updated table of disputed services was received on 09-22-03. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 09-23-03 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

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
10-11-02 through 11-11-02 (3 DOS)	97116	\$114.00 (1 unit @ \$38.00 X 3 DOS)	\$0.00	DOS 10-11-02 and 11-11-02 No EOB, DOS 11-6-02 U-(PT not to exceed 4 a day)	\$38.00	Rule 133.307 (g)(3)(A-F)	Requestor did not exceed 4 PT services a day on DOS 11-6-02. Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$38.00 X 3 DOS = \$114.00

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DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
10-29-02 through 11-12-02 (2 DOS)	95851	\$76.00 (1 unit @ \$38.00 X 2 DOS)	\$0.00	DOS 10-29-02 denied with G code. 11-12-02 No EOB	\$36.00	Rule 133.307 (g)(3)(A-F)	G – Not global to any other service billed on date of service. Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$36.00 X 2 DOS = \$72.00
10-29-02 through 11-12-02 (2 DOS)	97265	\$92.00 (1 unit @ \$46.00 X 2 DOS)	\$0.00	DOS 10-29-02 denied U-(PT not to exceed 4 a day, DOS 11-12-02 No EOB	\$43.00	Rule 133.307 (g)(3)(A-F)	Requestor did not exceed 4 PT services a day for DOS 10-29-02. Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$43.00 X 2 DOS = \$86.00
11-11-02	97250	\$46.00 (1 unit)	\$0.00	No EOB	\$43.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$43.00
2-21-03	99213-MP	\$51.00 (1 unit)	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$48.00
2-21-03	L0515	\$49.00	\$0.00	No EOB	DOP	Rule 133.307 (g)(3)(A-F)	Requestor did not submit relevant information to support delivery of service. No reimbursement recommended.
3-3-03	99080-73	\$15.00	\$0.00	F	\$15.00	Rule 133.106(f)	Requestor did not submit relevant information to support delivery of service. No reimbursement recommended.
TOTAL		\$443.00	\$0.00				The requestor is entitled to reimbursement in the amount of \$363.00

IV. DECISION AND 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 97116, 95851, 97265, 97250 and 99213-MP. 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 Decision is applicable for dates of service 10-11-02 through 03-03-03 in this dispute.

The above Findings and Decision and Order are hereby issued this 7th day of April 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh