

MDR Tracking Number: M4-05-0266-01

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 9-07-04

I. DISPUTE

Whether there should be reimbursement for CPT code 99456 WP (1 unit), rendered on 5/26/04.

II. RATIONALE

Review of the requestors' position statement states in part, "that the services rendered were billed in accordance to TWCC guidelines for MMI evaluations and IR for 1 body area (spine DRE)."

In the May 26, 2004 medical evaluation narrative, the requestor stated that "the date of maximum medical improvement (MMI) has been established as December 17, 2003 and this is not under dispute." This date is also notated on the TWCC-69, Report of Medical Evaluation. Also, according to the IR report provided by the requestor, the DRE (Diagnosis Related Estimates per AMA guidelines) injury model for the cervical and lumbar spine was utilized, as opposed to the ROM (Range of Motion) model.

The respondent did not provide a position statement and also did not render payment for the disputed service.

The requestor correctly billed the disputed service as CPT code 99456 WP (\$500) for one body area, however, per §134.202(e)(6)(D)(iii)(III), the WP modifier does not support the level of service billed as only an impairment rating was performed. Reimbursement is recommended in accordance with §§134.202(e)(6)(D)(iii)(II)(-a-) and TWCC Advisory 2004-01.

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 additional reimbursement for CPT code **99456** in the amount of **\$500**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$500** 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 27th day of January 2005.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division