

MDR Tracking Number: M4-05-0286-01

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 9-08-04

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99456 WP (3 units), rendered on 5/10/04.

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 3 body areas (spine DRE, right shoulder, and right knee)."

The respondent did not provide a position statement.

The requestor provided a copy of the MMI/IR report reflecting the MMI evaluation (other than treating doctor), and evaluations/range of motion measurements for the spine, right shoulder and right knee (3 body areas). The requestor billed \$950 for these services. The respondent paid \$350 for the disputed services. The requestor billed correctly and therefore reimbursement is recommended in accordance with §134.202 (e)(6)(C)(iii) and §134.202 (e)(6)(D)(iii)(II) and (III).

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 **\$600**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$600** 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 28th day of January 2005.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division