

MDR Tracking Number: M4-05-0626-01

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 9-20-04.

I. DISPUTE

Whether there should be **additional** reimbursement for code 99455-V3 billed for date of service 10-3-03.

II. RATIONALE

Review of the requestors' position statement (no date) states in part, "There is a MAR assigned to this service but the carrier failed to pay this amount..."

Review of the respondent's position statement dated 9-30-04 states in part; "...As a result, no further recommendation of payment was made towards the amount in dispute of \$150.00..."

Requestor billed code 99455-V3 for \$350.00. The carrier paid \$59.00 with PEC code "F – reduced according to fee guideline". Per Rule 134.202 (e)(6)(C)(i)(I-II), "An examining doctor who is the treating doctor shall bill using the 'Work related or medical disability examination by the treating physician...Reimbursement shall be the applicable established patient office visit level associated with the exam. Modifiers 'V1', 'V2', 'V3', 'V4', or 'V5' shall be added to the CPT code to correspond with the last digit of the applicable office visit." The Medicare reimbursement for level 3 office visit is $\$47.20 \times 125\% = \59.00 .

Per Rule 134.202(e)(6)(D)(iii)(II), The IR is billed and reimbursed at \$300.00 for the first musculoskeletal body area if full physical evaluation with range of motion is performed or \$150.00 for each body area if the DRE method is used. Review of the IR report revealed that the DRE method was performed. Therefore, recommend additional reimbursement of \$150.00.

III. 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 additional reimbursement of \$150.00 for CPT code 99455-V3. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$150.00** plus all accrued interest due at the time of payment to the Requestor within 20 days of receipt of this Order.

The above Findings and Decision is hereby issued this 13th day of January 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division