

**MDR Tracking Number: M4-05-0669-01**

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 8-23-04

**I. DISPUTE**

Whether there should be reimbursement for CPT code 99203, rendered on 4/29/04.

**II. RATIONALE**

Review of the requestors' position statement dated 8/23/04, states in part, "per auditor with carrier, a PA cannot treat on initial evaluation...Not correct per TWCC."

Review of the respondent's position statement dated 10/5/04 states in part, "documentation does not support that this patient was seen by a physician as required for patient's initial visit. It is Medicare's policy that "The physician must have initially seen the patient."

Review of the file reveals that the injured worker was initially seen by a Physician's Assistant on 4/29/04. According to the CMS website, (section 15501 A& B), if authorized under the scope of their state license, Physician's Assistants may furnish services billed under all levels of CPT evaluation and management codes and diagnostic tests if furnished under the general supervision of a physician, and further clarifies that incident services supervised by non-physician practitioners are reimbursed at 85% of the physician fee schedule (per CMS newsletters 03-331 and "Incident to" services Notice dated 8/12/04). According to §§204.202, Scope of Practice under the rules for Texas State Board of Medical Examiners, CPT code 99203 is under the scope of practice for a physician's assistant and is therefore reimbursable. Since the requirements for "incident to" services were not met, the requestor is not eligible for full reimbursement of the MAR. Per CMS, the service must be billed under the Non-Physician Practitioner's license number and payment made at the appropriate physician fee schedule payment. **Reimbursement is recommended** in accordance with Medicare program reimbursement methodologies per Commission Rule 134.202 (c) in the amount of \$81.18 ( $\$95.50 \times 85\% \times 80\% \times 125\%$ ).

**III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$81.18** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

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The above Findings, Decision and Order are hereby issued this 16<sup>th</sup> day of February 2005.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

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