



**Texas Department of Insurance, Division of Workers' Compensation**  
 Medical Fee Dispute Resolution, MS-48  
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**PART I: GENERAL INFORMATION**

Requestor's Name and Address:  Integra Specialty Group, P.A. 517 N. Carrier Pkwy. Ste. G Grand Prairie, Tx. 75050	MFDR Tracking #: M4-05-8315-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:  OLD REPUBLIC INS. CO.  REP. BOX # 42	Employer Name: .
	Insurance Carrier #: 0R04EG02307001

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary: "...The carrier failed to provide any original response EOBs for DOS of 1-27-05, 2-3-05, and 2-10-05...."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Medical Records

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent's Position Summary: "...CPT code 99213 was not reimbursed as Medicare criteria requires the office visit performed on the same day as therapy to be a separate & distinct service from the therapy rendered and due to a change in condition. There was no documentation to support any change in condition, therefore, reimbursement for the office visit was denied as global to the therapy performed on that same DOS . Codes 95833 and 95851 are not to be billed with the office visits per MCCI Edits. Code 96004 for review & interpretation of comprehensive based motion analysis with a report appears to have been billed for the range of motion testing. Documentation did not support the code (by CPT descriptor) as being performed...."

Principle Documentation:

1. Response to DWC 60
2. Position Summary
3. MR-116

**PART IV: SUMMARY OF FINDINGS**

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
9-16-04	G & 16	99213	1,2 &3	\$ 68.24
9-17-04	G & 16	99213	1,2 &3	\$ 68.24
9-21-04	G & 16	99213	1,2 &3	\$ 68.24
1-07-05	97	95851	1 &4	\$ 0.00
1-07-05	16	96004	1,2 &3	\$ 152.75
1-11-05	97	95833	1&4	\$ 0.00
1-11-05	16	96004	1,2 &3	\$ 152.75
1-11-05	16	99213	1,2 &3	\$ 68.24
1-13-05	N, U & 16	99213	1,2 &3	\$ 68.24
1-25-05	16	99213	1,2 &3	\$ 68.24
1-27-05	16	99213	1,2 &3	\$ 68.24
2-03-05	97	95851	1 &4	\$ 0.00
2-03-05	16	96004	3 &5	\$ 0.00
2-03-05	16	99213	1,2 &3	\$ 68.24
<b>Total Due:</b>				\$ 851.42

**PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION**

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

1. The Respondent has denied CPT codes 99213, 95851, 96004 and 95833 with exception codes of 16 (claim/service lacks information which is needed for adjudication. Add'tl. information is supplied using the remittance advice remarks codes whenever appropriate. Reimbursement is denied as DOCs do not meet the Trailblazer criteria for a separate and distinct E/M service), G (the services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure (s) performed), 97 (payment is included in the allowance for another serviced px. The service listed under this procedure code is included in a more comprehensive code which accurately describes the entire procedure (s) performed.), and N, U (reimbursement denied as documentation does not meet the Trailblazer criteria for a separate and distinct E/M service.)

Per Rule 134.202 (b), CPT codes 95833 and 95851 are a component of CPT code 99213 and do not warrant separate payment. CPT code 99213 is not a component of the physical therapy CPT codes billed. Per Rule 134.202 (b), CPT code 99213 does not require a modifier to indicate a separate & distinct E/M service when billed with physical therapy modalities. The Requestor submitted Spinal Range of Motion interpretation and Spinal Muscle Testing interpretation; thus CPT code 96004 is reimburseable.

2. This dispute is related to CPT codes 99213 and 96004. Per Rule 134.202 (c) (1), reimbursement is recommended for CPT 99213. Per Rule 134.202 (d) (2), reimbursement is recommended for CPT 96004.
  - CPT code 99213: (year 2004) \$ 54.59 x 125% = \$ 68.24
  - CPT code 99213: (year 2005) \$ 54.65 x 125% = \$ 68.31
  - CPT code 96004: \$ 124.20 x 125% = \$ 155.25
3. Per review of Box 32 on CMS-1500, zip code 75050 is located in Dallas County.
4. This dispute is related to CPT codes 95833 and 95851. Per Rule 134.202 (b), payment is not recommended.
5. Per review of the documentation for DOS 2-3-05 for CPT code 96004, an interpretation of the range of motion exam was not performed, therefore per Rule 134.202 (b) payment is not recommended.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES**

Texas Labor Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.1, §134.202

**PART VII: DIVISION DECISION AND ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$851.42 plus accrued interest, due within 30 days of receipt of this Order.

**ORDER / DECISION:**

7-02-07

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. §413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision, that is the subject of the appeal, is final and appealable. The Division is not considered a party to the appeal.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**