

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC		Response Timely Filed? () Yes (X) No	
Requestor's Name and Address Downey Chiropractic Clinic 605 East Palace Pkwy, Suite A-3 Grand Prairie, TX 75050		MDR Tracking No.: M4-05-A029-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address BOX #: 47 General Motors Corporation c/o Burns, Anderson, Jury & Brenner		Date of Injury:	
		Employer's Name: General Motors Corporation	
		Insurance Carrier's No.: A418410695200010118	

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
04/22/04	08/05/04	99204, 97035, G0283, 97012, 97010, 98941-25, 97014, 99213-25, 98943, 99213, 99204-MP, 97110, 99212, 97116, 99080-NN, 99080-CC, 97530, 99373, 99499, 99361, 99455-VR,	\$3,212.84	\$1,221.76

PART III: REQUESTOR'S POSITION SUMMARY

Cervical is compensable.

PART IV: RESPONDENT'S POSITION SUMMARY

Response not submitted.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The insurance carrier initially denied all treatment provided as "R – Extent of Injury". On August 6, 2004 A TWCC-24, Benefit Dispute Agreement, was signed by the injured worker, the Carrier representative, and an authorized TWCC employee, agreeing that the injured worker did sustain a compensable cervical injury on 4/16/04. The insurance carrier has made reimbursement for dates of service 04/22/04 through 07/23/04; although these dates of service were not paid in accordance with the 2002 Medical Fee Guideline. The Carrier did not reimburse the health care provider for dates of service 07/27/04 through 08/05/04.

- CPT Code 97010, hot/cold packs, for dates of service 04/23/04 through 07/20/04 (34 units total). In accordance with the 2002 Medical Fee Guideline hot and/or cold pack application is a bundled service code and considered an integral part of a therapeutic procedure. Regardless of whether it is billed alone or in conjunction with another therapy code, additional payment cannot be recommended. Payment has been included in the allowance for another therapy service/procedure performed.
- CPT Code 97110, therapeutic procedures, for dates of service 05/14/04 through 06/10/04 (20 total units). Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the

disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.

- CPT Code 99204, new patient exam, for date of service 04/22/04. Per Rule 134.202(b) and (c)(1) submitted initial exam and narrative support services were rendered as billed. Additional reimbursement in the amount of \$82.87 (\$168.06 - \$85.19, carrier payment) is recommended.
- CPT Code 99204-MP (new patient exam with manipulation, for dates of service 05/11/04 and 06/03/04. Per Rule 134.202(b) and (c)(1), this code is a new patient code. The injured worker was initially seen on 04/22/04; furthermore, the modifier –MP is not a valid modifier per Rule 134.202(b). Reimbursement is not recommended.
- CPT Code 97035 and 97035-51, ultrasound, for dates of service 04/22/04 through 05/27/04 (16 units total). Per Rule 134.202(b) and (c)(1) the health care provider was paid in excess of the maximum allowable reimbursement; therefore, additional reimbursement is not recommended.
- CPT Codes G0283 and 97014, electrical stimulation – unattended, for dates of service 04/22/04 through 06/03/04 (11 units total). Per Rule 134.202(c)(1) the carrier did not pay according to the Medicare payment policies plus the 125%; therefore, additional reimbursement in the amount of \$42.68 (\$13.90 x 11 = \$152.90 - \$110.22, carrier payment) is recommended.
- CPT Code 99080-NN for date of service 04/22/04. Per Rule 134.106(f)(2) submitted narrative report support services were rendered as billed; therefore, additional reimbursement in the amount of \$24.95 (\$50.00 - \$25.05, carrier payment) is recommended.
- CPT Code 97012, manual traction, for dates of service 04/23/04 through 08/05/04 (29 units total). Per Rule 134.202(b) and (c)(1) submitted daily progress notes support services were rendered as billed; therefore, additional reimbursement in the amount of \$184.16 (\$18.54 x 29 = \$537.66 - \$353.50, carrier payment) is recommended.
- CPT Code 98941-25, chiropractic manipulative treatment, for dates of service 04/23/04 through 07/20/04. Per Rule 134.202(b) and the CMS NCCI modifiers, modifier –25 was not appropriately used. The –25 modifier is used in conjunction with a separately identifiable E/M service if the patients condition required the E/M service above and beyond the other services provided on the same date of service. Proper modifier to use for this particular CPT code for a distinct procedural service is –59. Additional reimbursement is not recommended.
- CPT Code 98943, chiropractic manipulative treatment, extraspinal, for dates of service 04/26/04 through 05/07/04 (3 units total). Per Rule 134.202(b) and (c)(1) submitted daily progress notes support services were rendered as billed. Although the maximum allowable reimbursement per the 2002 Medical Fee Guideline is \$30.34, the health care provider has billed \$20.00; therefore, additional reimbursement in the amount of \$39.92 (\$20.00 x 4 = \$80.00 - \$40.08, carrier payment) is recommended.
- CPT Code 99213-25, significant, separately identifiable E/M service, for dates of service 04/26/04, 05/04/04 and 06/03/04. Per rule 134.202(b) and (c)(1) submitted daily progress notes support services were rendered as billed; therefore additional reimbursement in the amount of \$90.30 (\$65.18 x 3 = \$195.54 - \$105.24, carrier payment) is recommended.
- CPT Code 99213, E/M service, for date of service 05/11/04. Per Rule 134.202(b) and (c)(1) submitted daily progress note supports service rendered as billed. Additional reimbursement in the amount of \$30.10 (\$65.18 - \$35.08, carrier payment) is recommended.

- CPT Code 99212, E/M service, for date of service 05/25/04. Per Rule 134.202(b) and (c)(1) submitted daily progress note supports service rendered as billed. Although the maximum allowable reimbursement per the 2002 Medical Fee Guideline is \$46.45, the health care provided has billed \$35.00; therefore, additional reimbursement in the amount of \$17.46 (\$35.00 - \$17.54, carrier payment) is recommended.
- CPT Code 97116, therapeutic procedures, gait training, for dates of service 06/01/04 and 06/03/04. Per Rule 134.202(b) and (c)(1) submitted daily progress notes support services were rendered as billed. Additional reimbursement in the amount of \$16.08 ($\$30.59 \times 2 = \$61.18 - 45.10$) is recommended.
- CPT Code 99080-CC, copies of reports or clinical notes, for date of service 06/10/04. Per Rule 134.106(f)(3) the maximum allowable reimbursement for reports or clinical notes is \$.50 per page. The daily progress note for this date of service does not document the number of pages copied; therefore, MDR is unable to determine if the services were rendered as billed. Additional reimbursement is not recommended.
- CPT Code 97530, therapeutic activities, for dates of service 06/15/04 through 08/05/04 (45 total units). Per Rule 134.202(b) and (c)(1) submitted daily progress notes support services were rendered as billed. Additional reimbursement in the amount of \$659.92 ($\$36.11 \times 45 = \$1,624.95 - \965.03) is recommended.
- CPT Code 99373, telephone conference, for dates of service 06/28/04 and 06/30/04. Per Rule 134.202(e)(3) documentation was not submitted to support services were rendered as billed. Additional reimbursement is not recommended.
- CPT Code 99499, unlisted E/M service, for date of service 06/29/04. Per Rule 134.202(c)(6) this code is priced by the carriers. Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation. The carrier has reimbursement the health care provider \$175.08. The healthcare provider did not submit pertinent clinical notes to support services were rendered as billed; therefore, additional reimbursement is not recommended.
- CPT Code 99361, medical conference, for date of service 07/23/04. Per Rule 134.202(c)(6) this code is priced by the carriers. Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation. The carrier has reimbursement the health care provider \$93.38. The healthcare provider did not submit pertinent clinical notes to support services were rendered as billed; therefore, additional reimbursement is not recommended.
- CPT Code 99455-VR, review of certification of MMI, for date of service 08/01/04. Per Rule 134.202(e)(6)(F) submitted MMI/IR report support services were rendered as billed. Reimbursement in the amount of \$50.00 is recommended.

PART VII: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$1,221.76. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Marguerite Foster

August 19, 2005

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to 512-804-4011. A copy of this Decision should be attached to the request.

Beginning September 1, 2005, appeals of medical dispute resolution 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.

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

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____