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 Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 2-5-02 through 3-14-02.
   b. The request was received on 6-3-02.

## II. EXHIBITS

1. Requestor, Exhibit I:
   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFA(s)
   c. EOBs
   d. Medical Records
   e. Example EOBs from other Carriers
   f. Requestor study survey indicating previous Carriers' reimbursement for CPT Code 97799-CP-AP.
   g. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:
   a. TWCC 60
   b. EOBs
   c. HCFA(s)
   d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-21-02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 6-24-02. No response to additional documentation from the Carrier was noted in the dispute packet. The Carrier's initial response is reflected as "Exhibit II" in the Commission's case file.

## III. PARTIES' POSITIONS

1. Requestor: Letter dated 6-10-02:
   "(Provider's) position is that the fees paid for these services by the carrier were not 'fair and reasonable.' Evidence supporting our position is offered in the following 4 points:
   1. Examples of what other insurance companies reimbursed (provider) for CPT 97799-

CPAP during the service dates….2. (Provider) is also enclosing a study it conducted in 2001. The study surveyed what insurance companies were paying for CPT 97799-CPAP….We believe this evidence supports our premise that the fees paid by the carrier are not 'fair and reasonable'….".

2. Respondent: No position statement was noted in the dispute packet.

## IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 2-5-02 and extending through 3-14-02.

2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier $26,600.00 for services rendered on the above dates in dispute.

4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor $15,200.00 for services rendered on the above dates in dispute.

5. Per the Requestor's Table of Disputed Services, the amount in dispute is $11,400.00 for services rendered on the above dates in dispute.

6. The Carrier's EOBs deny additional reimbursement as "DOP M – REIMBURSED PER THE INSURANCE CARRIER'S FAIR AND REASONABLE ALLOWANCE."

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB | MAR$ | REFERENCE | RATIONALE: |
|---|---|---|---|---|---|---|---|
| 2-5-02<br>2-6-02<br>2-7-02<br>2-14-02<br>2-15-02<br>2-18-02<br>2-19-02<br>2-20-02<br>2-21-02<br>2-22-02<br>2-25-02<br>2-26-02<br>3-4-02<br>3-5-02<br>3-6-02<br>3-7-02<br>3-11-02<br>3-12-02<br>3-14-02 | 97799-CP-AP for all dates of service | $1,400.00 for each date of service | $800.00 for each date of service | DOP for each date of service | No MAR DOP | MFG: Medicine Ground Rules (II) (G); TWCC Rule 133.307 (g) (3) (E); 413.011 (d) CPT Descriptor | The carrier has reimbursed the provider at $100.00 per hr. for Chronic Pain Management. The Provider has billed $175.00 per hr. CPT Code 97799-CP-AP is reimbursed at fair and reasonable.<br><br>The Carrier has denied the disputed services as "DOP". Documentation supports that the services were rendered and there is no MAR for CPT Code 97799-CP-AP.<br><br>Pursuant to Rule 133.307 (g) (3) (D), the requestor must provide "…documentation that discusses, demonstrates and justifies the payment amount being sought is a fair and reasonable rate of reimbursement…". The Provider has submitted example EOBs that indicate the amount billed has been reimbursed by other insurance carriers. However, the example EOBS and/or HCFAs submitted were not fully redacted. The patient names were legible to the reviewer and therefore unable to be utilized for review. TWCC Rule 133.307 (g) (3) (E) states, "Prior to submission, any documentation that contains confidential information regarding a person other than the injured employee for that claim or a party in the dispute, must be redacted by the party submitting the documentation, to protect the confidential information and the privacy of the individual. Unredacted information or evidence shall not be considered in resolving the medical fee dispute." In this case, the Requestor has failed to support their position that the amount billed represents fair and reasonable.<br><br>Therefore no additional reimbursement is recommended. |
| **Totals** | | $26,600.00 | $15,200.00 | | | | The Requestor **is not** entitled to additional reimbursement. |

The above Findings and Decision are hereby issued this 05th day of March, 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll