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 5-8-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 97750TC, 99499RP, and 99204.

II. FINDINGS & RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted convincing evidence that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline.*

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
11-8-02	97750TC	$200.00	$0.00	G	$100.00/hr	Medicine GR(I)(E)(2)(a) Evaluation & Management GR (XXII)(D)(1) and (2)	On this date the requestor also billed 99499RP. Per E/M GR (XXII)(D)(1)(b), if testing is performed by a provider other than treating doctor, shall bill 99455-27 not 97750TC. Testing includes range of motion, strength, and sensory testing, and measurements only, and reimbursement is 20% of the total reimbursement outlined in E/M GR. Therefore, requestor incorrectly billed for an FCE because it is part of impairment rating evaluation.
11-8-02	99499RP	$50.00	$0.00	No EOB	$50.00	Evaluation & Management GR (XXII)(D)(2) and (XXIV)	As a referral doctor, the E/M GR, (XXII)(D)(2) refers reader to E/M GR (XXIV). CPT code descriptor identifies this as a unlisted E/M service and DOP is required. As stated above, reports are part of testing and impairment rating.

							DOP not met, therefore, no reimbursement is recommended.
12-4-02 12-12-02 1-23-03	99499RP	$50.00	$0.00	G	DOP	Evaluation & Management Medicine GR (II)(E)	On these dates, requestor also billed for work hardening program. Report is included in program. If billing for creation of report it is global. If billing is for reviewing report, DOP not met. No reimbursement is recommended.
12-13-02	99204	$106.00	$0.00	G	$106.00	E/M GR (I)(B)	This service was billed incorrectly. Patient had received professional services from provider in the past three years; therefore, not a new patient. Also, unclear why insurance carrier based denial as global since EOB does not indicate another service was billed on this date.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 97750TC, 99499RP, and 99204.

The above Findings and Decision are hereby issued this 14th day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division