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 December 29, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT code 99203 rendered on 9/18/03.

II. RATIONALE

Review of the requestor's request for reconsideration letter dated November 4, 2003 states in part, "…The patient was seen for a laceration of the thumb including an extension tendon laceration. After evaluation the wound was cleansed and dressing placed, and a referral was coordinated for surgical repair. He was treated appropriately with intramuscular antibiotic and pain control injection. This medication was for pain and to prevent infection in deep open structures. These were definitely not 'therapeutic injections', such as trigger point or joint injections and obviously should not be paid globally as therapeutic. If workers compensation does not pay for evaluations and management services (office visit codes) and injectable antibiotics on the same day then you may be discouraging the highest quality care with parenteral antibiotics, when indicated, in favor of oral antibiotics.

Review of the requestor's position letter dated February 27, 2004 states in part, "…Documentation from the 9/18/03 visit shows location, severity, association and context of complaint(s). There are thirteen elements of review of systems, seven components of past/family and social history documented. The exam documentation shows nine systems examined and at least nineteen elements. The risk with this injury is certainly moderate given a lacerated tendon with possible contamination and risk of infection and further morbidity. Additionally, a referral was coordinated by our office to ___for surgical repair requiring a specialist. Documentation of this is notated in the Initial Orthopedic Consultation Report from ___, the patient record maintenance from our office, and the medical note…"

Review of the respondent's position statement dated February 9, 2004, states in part, "…Provider has not submitted documentation establishing that a detailed history, detailed examination, or medical decision making of low complexity was conducted on date of service 9/18/03. In addition, there is no documentation that Providers performed any counseling or coordination of care with other providers on date of service 9/18/03. All of these services are required to have been performed in order to obtain reimbursement for CPT Code 99203. As Provider has not submitted any report establishing that these services were rendered, reimbursement is not proper.

Further, there is no explanation as to why Provider would be entitled to separate reimbursement for an office visit evaluation in addition to the antibiotic and pain injections provided on 9/18/03 for which reimbursement has already been allowed. …" Review of the carrier EOB with an audit date of 10/21/03, revealed that the carrier denied CPT code 99203 as "F-Fee Guideline MAR reduction", and "G-Unbundling" and no reimbursement was made on the dispute charge. The carrier reimbursed the requestor for HCPCS codes A6222, A4565, J3490, J0696 and CPT code 90788 rendered on 9/18/03. According to the AMA CPT code descriptor, the new patient office visits is not global to the injections. Therefore, the requestor is entitled to reimbursement according to the Medicare Fee Schedule in the amount of $86.04 multiplied by 125% equals $107.55.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99023 in the amount of **$107.55.** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$107.55** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 5th day of April 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo