

MDR Tracking Number: M5-02-2119-01

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 reimbursement for CPT codes 999082, 99213-MP, 97265, 97250-59, 97122, 97110, E0730-RR, 99499-TN, 95851, 95925, 99090, 97750-FC, and 99213.
- b. The request was received on 2-12-02.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. Initial response was received on 2-13-02.
3. Based on Commission Rule 133.307 (g) (3), the Division notified the requestor on 11-14-02 to provide two copies of additional documentation relevant to the fee dispute. Insurance carrier signature page was signed for on 11-15-02. The requestor did not respond to the request for additional documentation. The respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected as Exhibit #3 in the dispute file.
4. Notice of Medical Dispute is reflected as Exhibit #4 of the Commission's case file.

### **III. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 2-13-01 and extending through 11-12-01. The requestor withdrew services rendered on 9-6-01, 11-8-01, and 11-12-01 that were denied for medical necessity on 3-28-02.

### **IV. RATIONALE**

Medical Review Division's rationale:

The requestor billed codes 99082, 99213-MP, 97265, 97250-59, 97122, 97110, E0730-RR, and 99499-TN on 2-13-01. The insurance carrier did not submit EOBs therefore the review is conducted per the Medical Fee Guideline. CPT codes 97250-59, E0730-RR, and 99499-TN are not approved CPT codes per the 1996 Medical Fee Guideline. The requestor did not submit documentation to support the services rendered. Therefore, no reimbursement can be recommended for this date of service.

The requestor billed codes 95851, and 97750-FC on dates of service 2-14-01, 3-19-01, 4-17-01, 7-23-01, 8-20-01, 9-6-01, 9-19-01, and 10-18-01. The insurance carrier denied these services as "G – global." The requestor did not submit documentation to support the services rendered. Therefore, no reimbursement can be recommended for these dates of service.

The requestor billed code 95925 on 3-26-01. The insurance carrier paid \$175.00 of the \$700.00 billed amount per denial code "F – this procedure code is reimbursed based on the Medical Fee Guideline." The CPT code descriptor states the reimbursement for this service is for one or more nerves. The requestor did not submit documentation to support the services rendered. Therefore, no additional reimbursement can be recommended for this date of service.

The requestor billed 99213-MP on 5-15-01. The insurance carrier denied this service as "A – preauthorization required." Per Rule 134.600, office visits with manipulations do not require preauthorization. However, the requestor did not submit documentation to support the services rendered. Therefore, no reimbursement can be recommended for this date of service.

The above Findings and Decision are hereby issued this 30th day of January 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division