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 95851, 99213-MP, 97265, 97250-59, 97122, 97110, 97032, 97035, 97750-MT, and 99213.

   b. The request was received on 4-4-02.

II. EXHIBITS

1. Requestor, Exhibit 1:

   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFA(s)
   c. EOB(s)
   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. Response to a Request for Dispute Resolution
   b. HCFA(s)
   c. EOB(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 11-12-02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 11-13-02. The Respondent did not submit a response to the request for additional information.

4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: In a letter dated 7-1-02, the requestor states that per TWCC personnel, 95851 and 97750-MT are not global and do not require preauthorization and that 99213 does not

require preauthorization. The requestor further states that it is the treating doctor per previous billings and Commission records.

2. Respondent: In a letter dated 4-5-02, the respondent states, "Enclosed is the response to the TWCC-60 received from Alta Healthcare. Our position remains unchanged all the disputed dates. The additional information regards DOS 6/16/01 and 9/19/01 for which this provider states that they have received no EOB for these dates. We have no evidence that we have ever received the bills before they were sent to this CBU in March, 2002. We received the HCFA for DOS 6/16/01 on 3/1/02, marked as 'Request for reconsideration' and it was handled on 4/1/-2, well within the same situation for DOS 9/19/01. The EOB's have been enclosed for the records. DOS 7/11/01 has been paid already. For the record, Alta is not the treating doctor. No TWCC-53 has been filed. The treating doctor of record is James Laughlin, DO."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 5-14-01 and extending through 10-12-01.

2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$ (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
5-14-01 5-30-01 6-11-01	95851	$ 36.00 x 3	$ 0.00	G	$ 36.00	96 MFG Med. GR I A 8; I E 4; E/M IV A 1	ROM tests are global to a re-evaluation (99213) if performed by a physical or occupational therapist. A doctor of chiropractic performed these ROM tests. Per E/M ground rule, when the doctor performs diagnostic service during an office visit; the diagnostic service is reimbursed in addition to the office visit. Documentation supports services rendered. Recommend reimbursement of $108.00 ($36.00 x 3).
6-12-01	99213-MP 97265 97250-59 97122 97110 97032 97035	$ 48.00 $ 43.00 $ 43.00 $ 35.00 $ 70.00 $ 44.00 $ 22.00	$ 0.00	No EOB	$ 48.00 $ 43.00 $ 43.00 $ 35.00 $ 70.00 $ 44.00 $ 22.00	96 MFG Med. GR I A 10 A; I B 1 b	Requestor states carrier did not respond to request for reconsideration; therefore, no EOB was submitted. This review will be per the MFG only. No documentation was submitted to support services rendered. No reimbursement can be recommended.
7-18-01	97032	$ 44.00	$ 22.00	F	$ 22.00 ea 15 min.	96 MFG Med. GR; CPT descriptor	Code 97032 is a timed code. SOAP note dated 7-18-01 supports two units of electrical stimulation. Recommend additional reimbursement of $ 22.00.

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$ (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
8-15-01	97750-MT	$ 43.00	$ 0.00	A	$ 43.00 per body area	96 MFG Med. GR I E 3; CPT descriptor	Muscle testing is not one of the treatments/services listed in Rule 134.600 that requires preauthorization; therefore preauthorization is not an issue. Documentation supports services rendered; therefore, recommended reimbursement of $ 43.00.
8-21-01 9-5-01	99213	$ 48.00 x 2	$ 0.00	L	$ 48.00	96 MFG E/M VI B; Rule 134.600	Documentation supports services rendered; however, the requestor is not the treating doctor of record as of 4-3-01 per TWCC records. No reimbursement recommended.
9-24-01	99213	$ 48.00	$ 0.00	L			Documentation supports services rendered; however, the requestor is not the treating doctor of record as of 4-3-01 per TWCC records. No reimbursement recommended.
10-12-01	99213	$ 48.00	$ 0.00	A			An office visit is not one of the treatments/services listed in Rule 134.600 that requires preauthorization; therefore preauthorization is not an issue. Documentation supports services rendered; therefore, recommended reimbursement of $ 48.00.
Totals		$692.00	$22.00				The Requestor is entitled to reimbursement of **$221.00**

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $221.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 7th day of March 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt