

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 99204, 92114, 99070, 97012, 97250, 97530, 99214, 97112, and 97260.
- b. The request was received on July 5, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - 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. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - 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.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on December 30, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on January 2, 2003. The response from the insurance carrier was received in the Division on January 16, 2003. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Requestor did not submit a position statement.
2. Respondent: The respondent states in the correspondence dated January 16, 2002 that...
“...With respect to those dates of services for which the fee reimbursement dispute continues to exist, it is clear that the treatments were properly denied based upon a peer review and lack of documentation in that the peer review of September 19, 2001, by _____. After review of the applicable documentation, has determined that this patient would not benefit from ‘their conservative treatment’. In addition, it is clear that from the documentation that no effort was made by this healthcare provider to submit any additional documentation that would medically justify continuing treatment and no treatment plan appears to have been provided or considered by this healthcare provider...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on October 31, 2001 and extending through June 21, 2002.
2. EOB’s were not provided by the requestor or respondent; therefore, this dispute will be reviewed per the *Medical Fee Guideline* and TWCC Act and Rules.
3. Review of requestor documentation reveals that the requestor received non-certification of service/procedure on November 9, 2001 which states “... We have reviewed the service request for: [injured worker] Based on information available to us, we cannot certify the following service/procedure: 97012 EXERCISES/97250/97530/97260/97112 Rationale for decision: No further chiro treatment per peer review/attached...”
Therefore, the dates of service, November 12, 2001 through June 21, 2002 using the above CPT codes will not be reviewed as the healthcare provider requested and was denied preauthorization.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
10/31/01 11/01/01 11/02/01 11/06/01 11/07/01	97012 97012 97012 97012 97012	\$35.00 \$35.00 \$35.00 \$35.00 \$35.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	EOB's not submitted	\$20.00 \$20.00 \$20.00 \$20.00 \$20.00	MFG, MGR (I)(A)(9)(a)(ii) Rule 133.307(e)(1)	Submitted treatment notes do not support the service billed. Reimbursement is not recommended.
10/31/01	97250	\$43.00	\$0.00	EOB's not submitted	\$43.00	MFG, MGR (I)(A)(9)(c) Rule 133.307(e)(1)	Submitted treatment notes do not support the service billed. Reimbursement is not recommended.
10/31/01	97530	\$35.00	\$0.00	EOB's not submitted	\$35.00	MFG, MGR (I)(A)(11)(b) Rule 133.307(e)(1)	Submitted treatment notes do not support the service billed, direct one-on-one is not documented. Reimbursement is not recommended.
10/31/01	97260	\$43.00	\$0.00	EOB's not submitted	\$43.00	MFG, MGR (I)(A)(9)(c) Rule 133.307(e)(1)	Submitted treatment notes do not support the service billed. Reimbursement is not recommended.
02/07/02 03/04/02 04/11/02 06/12/02	99214 99214 99214 99214	\$71.00 \$71.00 \$71.00 \$71.00	\$0.00 \$0.00 \$0.00 \$0.00	EOB's not submitted	\$71.00 \$71.00 \$71.00 \$71.00	MFG, E/M GR(IV)(C)(2) Rule 133.307(e)(1)	Submitted treatment notes do not support the level of service billed. Reimbursement is not recommended.
Totals		\$537.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 29th day of January 2003.

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

MF/mf