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 99213, 97110, 97250, 97035, 90801, and 90889.

   b. The request was received on February 13, 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 May 15, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on May 16, 2002. The response from the insurance carrier was received in the Division on May 17, 2002. 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: Position statement not included in dispute.

2. Respondent: The respondent states in the correspondence dated May 17, 2002 that… "…**Since the requestor has failed to meet the requirements of TWCC Rule 133.307(g) and Form TWCC-60, Carrier asks that the requester be required to file the missing documentation, and for other appropriate sanctions, including but not limited to dismissal of this dispute…** This dispute presumably concerns fee guideline reductions. The Carrier maintains that the reductions are appropriate per the attached EOBs and peer reviews…"

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on February 13, 2001 and extending through July 6, 2001. Dates of service January 11, 2001 through February 12, 2001 are outside the 365-day ruling and outside the jurisdiction of Medical Dispute Resolution.

2. A letter dated December 4, 2002 was received from the requestor withdrawing disputed dates of service June 18, 2001, June 19, 2001, June 22, 2001, June 25, 2001, June 29, 2001, and July 3, 2001; therefore these dates of service will not be reviewed.

3. Per EOBs dates of service February 13, 2001 through March 6, 2001; March 12, 2001 through April 16, 2001; and May 4, 2001 through July 6, 2001 were denied for "L – NOT TREATING DOCTOR"; however, according to Texas Workers' Compensation Commission records ___ is the only doctor on record and therefore is the treating doctor.

4. EOBs supplied by requestor shows respondent has used two other denial codes, *00850, which has several different rationales. Listed are the different rationales for "00850: 1) DELINES; 2) IS NECESSARY FOR THIS SERVICE/SUPPLY. ORIGINAL RECOMMENDATION IS CORRECT; 3) /SUPPLY HAS BEEN INCREASED DUE TO A RECONSIDERATION ADJUSTMENT; 4) CERTIFICATION FOR THIS EPISODE/STAY; and *00111 02 – NON-CONTRACTED PROVIDER.

5. EOBs supplied by the respondent show denial codes of "F", "A", and "L" for the disputed dates of service.

6. Both the HCFA-1500's and EOBs show modifier –MP after CPT code 99213; the table of disputed services does not notate a modifier.

7. 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:
02/13/01	99213-MP	$48.00	$0.00	L	$48.00	Rule 133.3(a)	See #3 above.
02/14/01	99213-MP	$48.00	$0.00	L	$48.00		
02/15/01	99213-MP	$48.00	$0.00	L	$48.00	MFG, MGR (I)(B)(1)(a)	Submitted daily notes document an adjustment was performed and services were rendered as billed.
02/16/01	99213-MP	$48.00	$0.00	L	$48.00		
03/02/01	99213-MP	$48.00	$0.00	L	$48.00		
03/06/01	99213-MP	$48.00	$0.00	L	$48.00		
03/12/01	99213-MP	$48.00	$0.00	L	$48.00		
03/14/01	99213-MP	$48.00	$0.00	L	$48.00		
03/16/01	99213-MP	$48.00	$0.00	L	$48.00		
03/19/01	99213-MP	$48.00	$0.00	L	$48.00		As for addressing denial 00850, respondent has not submitted an adequate rationale and it is unclear what the rationale (supply has been increased due to reconsideration adjustment) is referencing.
04/12/01	99213-MP	$48.00	$0.00	L	$48.00		
04/16/01	99213-MP	$48.00	$0.00	L	$48.00		
05/04/01	99213-MP	$48.00	$0.00	L	$48.00		
05/07/01	99213-MP	$48.00	$0.00	L	$48.00		
05/10/01	99213-MP	$48.00	$0.00	L	$48.00		
05/14/01	99213-MP	$48.00	$0.00	L	$48.00		
05/17/01	99213-MP	$48.00	$0.00	L	$48.00		
05/18/01	99213-MP	$48.00	$0.00	00850*	$48.00		
05/22/01	99213-MP	$48.00	$0.00	00850*	$48.00		
05/24/01	99213-MP	$48.00	$0.00	00850*	$48.00		
05/29/01	99213-MP	$48.00	$0.00	00850*	$48.00		
06/04/01	99213-MP	$48.00	$0.00	L	$48.00		
06/06/01	99213-MP	$48.00	$0.00	L	$48.00		Reimbursement in the amount of $1,152.00 ($48.00 x 24) is recommended.
07/06/01	99213-MP	$48.00	$0.00	L	$48.00		
				*00850 /Supply has been increased due to a reconsider-ation adjustment			

02/14/01 02/15/01 02/16/01 03/06/01 03/12/01 03/16/01 04/11/01 04/12/01 04/16/01 05/10/01 05/14/01 05/22/01 06/04/01	97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3)	$105.00 $105.00 $105.00 $105.00 $105.00 $105.00 $105.00 $105.00 $105.00 $105.00 $105.00 $105.00 $105.00	$0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00	L L L L L L L L L L L 00850* L *00850 /Supply has been increased due to a reconsider-ation adjustment	$35.00 per each 15 minutes x 39 = $1,365.00	Rule 133.3(a) MFG, MGR (I)(A)(9)(b) MFG, MGR (I)(A)(10)(a)	See #3 above. Submitted daily notes document one to one physical therapy was performed and services were rendered as billed. As for addressing denial 00850, respondent has not submitted an adequate rationale and it is unclear what the rationale (supply has been increased due to reconsideration adjustment) is referencing. Reimbursement in the amount of $1,365.00 is recommended.
03/07/01 03/09/01 03/07/01 03/09/01	97110 (4) 97110 (4) 97250 97250	$140.00 $140.00 $43.00 $43.00	$0.00 $0.00 $0.00 $0.00	A, 00111* A, 00111* A, 00111* A, 00111* *00111 – Non contracted provider	$35.00 per each 15 minutes x 8 = $280.00 $43.00 $43.00	Rule 133.3(a) MFG, MGR (I)(A)(9)(b) MFG, MGR (I)(A)(10)(a) MFG, MGR (I)(A)(9)(c) & (C)(3)	Requestor has not provided documentation that shows preauthorization was requested and granted; therefore, reimbursement is not recommended. As for addressing denial 00111, respondent has not submitted an adequate rationale and it is unclear what the rationale (Non contracted provider) is referencing.
02/14/01 02/15/01 03/12/01 04/16/01 05/14/01	97250 97250 97250 97250 97250	$43.00 $43.00 $43.00 $43.00 $43.00	$0.00 $0.00 $0.00 $0.00 $0.00	L L L L L	$43.00 $43.00 $43.00 $43.00 $43.00	Rule 133.3(a) MFG, MGR (I)(A)(9)(c) & (C)(3)	Daily treatment notes support the services were rendered as billed. Therefore, reimbursement in the amount of $215.00 is recommended.

04/18/01 04/18/01	90801 90889	$180.00 $59.68	$0.00 $0.00	00850* 00850* *00850 – is necessary for this service/supply. Original recommend-ation is correct	$3.00/minute $2.00/minute	CPT descriptor	Requestor has not submitted treatment notes to support the services billed. Reimbursement is not recommended. As for addressing denial 00850, respondent has not submitted an adequate rationale and it is unclear what the rationale (is necessary for this service/supply. Original recommendation is correct) is referencing.
Totals		$3,337.68	$0.00				The Requestor **is entitled** to reimbursement in the amount of **$2,732.00**

The above Findings and Decision are hereby issued this 10th day of February 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $2,732.00 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 10th day of February 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

MF/mf