TEXAS WORKERS' COMPENSATION COMMISSION
MEDICAL REVIEW DIVISION, MS-48
MEDICAL DISPUTE RESOLUTION
FINDINGS AND DECISION

Alta Healthcare Clinic **6300 Samuell Blvd., Ste. 112** **Dallas, TX 75228** **Requestor** **V.** **American Home Assurance Ins.** **Rep. Box #19** **Respondent**	§ § § § § § § § § § § § §	**MDR TRACKING #: M5-03-1368-01** **TWCC FILE #:** **CLAIMANT:** **DOI:** **SERVICE FROM: 10-15-01** **SERVICE TO: 6-11-02**

Si prefiere hablar con una persona de habla hispana acerca de esta correspondencia sirvase llamar al 1-512-804-4812.

The Medical Review Division reviewed the decision of the Independent Review Organization (IRO) in the captioned medical dispute and concludes the dispute with the enclosed Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code § 148.3). This Decision is deemed received by you 5 (five) days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Tex. Admin. Code § 102.5 (d). A request for hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, TX 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of this written request for a hearing to the opposing party, involved in the dispute.

I hereby verify that a copy of this Decision was placed in the insurance carrier representative's box and mailed to the requestor applicable to Commission Rule 102.5 this _____ day of _____, 2003. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date the Decision was placed in the Austin Representative's box.

Signature of Commission Employee: _____

Printed Name of Commission Employee:_____

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General and 133.307 titled Medical Dispute Resolution of Regarding a Medical Fee Dispute, Medical Review Division has conducted a review of the issues between the requestor and the respondent. This dispute was received on 9-3-02.

On September 16, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

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

The requestor indicated that preauthorization was obtained on 10-25-01 and 12-6-01 for 12 sessions of therapy under preauthorization #00984201-A and an additional 12 sessions under # 009884202A. Therefore, the insurance carrier is in violation of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medical necessity. These services will be reviewed in accordance with *Medical Fee Guideline.*

Services that were denied without an EOB denial code, "F," "N" and "D" will be reviewed in accordance with *Medical Fee Guideline.*

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-15-01	99204MP	$106.00	$0.00	N, F	$106.00	Medicine GR (I)(B)(1)(b) CPT Code Descriptor	The office visit report does not document level of service billed, which requires a comprehensive history, a comprehensive examination and medical decision making of moderate complexity. The requestor also used the MP modifier, and a manipulation was not documented; therefore, no reimbursement is recommended.
10-15-01	72114WP	$120.00	$0.00	N, F	$120.00	CPT Code Descriptor Rule 133.307(g)(3)(B)	X-ray report was not submitted to support billed service in accordance with MFG; no reimbursement is recommended.
10-22-01	95851	$36.00	$0.00	F, G	$36.00 ea.	Medicine GR (I)(E)(4)	On this date the requestor provided an office visit and physical therapy services. ROM testing is not global to these services. Lumbar ROM report supports billed service per MFG, reimbursement of $36.00 is recommended.
11-8-01 11-12-01 11-14-01 11-15-01 11-19-01 12-12-01	99213	$48.00	$0.00	U	$48.00	Rule 134.600 Rule 133.308	Office visits do not require preauthorization. The provider withdrew the medical necessity issues.

12-13-01 12-20-01 12-26-01 12-27-01 12-28-01 1-2-02 1-3-02							
12-14-01 12-17-01 12-18-01 12-19-01	99213	$48.00	$0.00	D	$48.00	Evaluation & Management GR (IV)(B)	The original EOB was not submitted to determine the initial basis of denial. Office visits were not a duplicate of services billed on this date. SOAP notes support billed service, reimbursement of 4 dates X $48.00 = $192.00.
11-8-01 11-12-01 11-14-01 11-15-01 11-19-01 12-12-01 12-13-01 12-20-01 12-26-01 12-27-01 12-28-01 1-2-02 1-3-02	97265	$43.00	$0.00	U	$43.00	CPT Code description Rule 133.301(a)	Preauthorization was obtained. Documentation supports billed service per MFG. Reimbursement is recommended of 13 dates X $43.00 = $559.00.
12-17-01 12-18-01 12-19-01	97265	$43.00	$0.00	D	$43.00	CPT Code description	The original EOB was not submitted to determine the initial basis of denial. Joint mobilization is not a duplicate of services billed on this date. SOAP notes support billed service, reimbursement of 3 dates X $43.00 = $129.00.
11-8-01 11-12-01 11-14-01 11-15-01 11-19-01 12-12-01 12-13-01 12-20-01 12-26-01 12-27-01 12-28-01 1-2-02 1-3-02	97250	$43.00	$0.00	U	$43.00	CPT Code description Rule 133.301(a)	Preauthorization was obtained. Documentation supports billed service per MFG. Reimbursement is recommended of 13 dates X $43.00 = $559.00.
12-14-01 12-17-01 12-18-01 12-19-01	97250	$43.00	$0.00	D	$43.00	CPT Code description	The original EOB was not submitted to determine the initial basis of denial. Myofascial Release is not a duplicate of services billed on this date. SOAP notes support billed service, reimbursement of 3 dates X $43.00 = $129.00.
11-8-01 11-12-01 11-14-01	97122	$35.00	$0.00	U	$35.00	CPT Code description Rule 133.301(a)	Preauthorization was obtained. SOAP note supports billed service

11-15-01 11-19-01 12-12-01 12-13-01 12-20-01 12-26-01 12-27-01 1-2-02 1-3-02							per MFG. Reimbursement is recommended of 12 dates X $35.00 = $420.00.
12-14-01 12-17-01 12-18-01 12-19-01	97122	$35.00	$0.00	D	$35.00	CPT Code description	The original EOB was not submitted to determine the initial basis of denial. Manual Traction is not a duplicate of services billed on this date. SOAP notes support billed service, reimbursement of 4 dates X $35.00 = $140.00.
11-8-01 11-12-01 11-14-01 11-15-01 11-19-01 12-20-01 12-26-01 12-27-01 12-28-01 1-2-02 1-3-02	97113 (X3)	$156.00	$0.00	U	$52.00/ 15 min	Medicine GR (I)(A)(9)(b) Rule 133.301(a)	Preauthorization was obtained. SOAP note do not support delivery of exclusive one to one supervised treatment per MFG. No reimbursement is recommended.
12-14-01 12-17-01 12-19-01	97113 (X3)	$156.00	$0.00	D	$52.00/ 15 min	Medicine GR (I)(A)(9)(b)	The original EOB was not submitted to determine the initial basis of denial. Aquatic Therapy is not a duplicate of services billed on this date. SOAP notes do not support billed service per MFG.
11-12-01	95851	$36.00	$0.00	F	$36.00	CPT Code description	SOAP note supports billed service. Reimbursement is recommended of $144.00.
11-29-01 12-12-01	95851	$36.00	$0.00	U	$36.00	Section 408.021(a) Rule 133.308	The provider withdrew the medical necessity issues.
12-26-01	95851	$72.00	$0.00	U	$36.00	Section 408.021(a) Rule 133.308	The provider withdrew the medical necessity issues.
12-18-01	97110 (X3)	$105.00	$0.00	D	$35.00 / 15 min	CPT Code description	The original EOB was not submitted to determine the initial basis of denial. Therapeutic Procedure is not a duplicate of services billed on this date. SOAP notes do not support billed service per MFG.
1-28-02	99213	$48.00	$0.00	No EOB Code	$48.00	Evaluation & Management GR (IV)(B)	Office visit note supports billed service, reimbursement of $48.00 is recommended.
1-31-02	99213	$48.00	$0.00	F	$48.00	CPT Code Description Evaluation & Management GR (IV)(B)	Office visit note supports billed service, reimbursement of $48.00 is recommended.

2-14-02	99213	$48.00	$0.00	D	$48.00	Evaluation & Management GR (IV)(B)	The original EOB was not submitted to determine the initial basis of denial. Office visits were not a duplicate of services billed on this date. SOAP notes support billed service, reimbursement of $48.00 is recommended.
1-28-02	97265	$43.00	$0.00	No EOB Code	$43.00	CPT Code Descriptor	SOAP note supports service billed per MFG, reimbursement of $43.00 is recommended.
1-31-02	97265	$43.00	$0.00	F	$43.00	CPT Code Descriptor	SOAP note supports service billed per MFG, reimbursement of $43.00 is recommended.
2-14-02	97265	$43.00	$0.00	D	$43.00	CPT Code Descriptor	The original EOB was not submitted to determine the initial basis of denial. Joint Mobilization is not a duplicate of services billed on this date. SOAP notes support billed service, reimbursement of $43.00 is recommended
1-28-02	97250	$43.00	$0.00	No EOB Code	$43.00	CPT Code Descriptor	SOAP note supports service billed per MFG, reimbursement of $43.00 is recommended.
1-31-02	97250	$43.00	$0.00	F	$43.00	CPT Code Descriptor	SOAP note supports service billed per MFG, reimbursement of $43.00 is recommended.
2-14-02	97250	$43.00	$0.00	D	$43.00	CPT Code Descriptor	The original EOB was not submitted to determine the initial basis of denial. Myofascial Release is not a duplicate of services billed on this date. SOAP notes support billed service, reimbursement of $43.00 is recommended
1-28-02	97122	$35.00	$0.00	No EOB Code	$35.00	CPT Code Descriptor	SOAP note supports service billed per MFG, reimbursement of $35.00 is recommended.
1-31-02	97122	$35.00	$0.00	F	$35.00	CPT Code Descriptor	SOAP note supports service billed per MFG, reimbursement of $35.00 is recommended.
2-14-02	97122	$35.00	$0.00	D	$35.00	CPT Code Descriptor	The original EOB was not submitted to determine the initial basis of denial. Manual Traction is not a duplicate of services billed on this date. SOAP notes support billed service, reimbursement of $35.00 is recommended
1-28-02	97113 (X3)	$156.00	$0.00	No EOB Code	$52.00/ 15 min	Medicine GR (I)(A)(9)(b)	Documentation does not support one to one supervised treatment per MFG. No reimbursement is recommended
1-31-02	97113 (X3)	$156.00	$0.00	F	$52.00/ 15 min	Medicine GR (I)(A)(9)(b)	SOAP note do not support delivery of exclusive one to one supervised treatment per MFG. No reimbursement is recommended

2-14-02	97113 (X3)	$156.00	$0.00	D	$52.00/ 15 min	Medicine GR (I)(A)(9)(b)	The original EOB was not submitted to determine the initial basis of denial. Aquatic Therapy is not a duplicate of services billed on this date. SOAP notes do not support billed service per MFG.
5-17-03	97113 (X3)	$165.00	$0.00	U	$52.00/ 15 min	Section 408.021(a) Rule 133.308 Medicine GR (I)(B)(1)(b)	The provider withdrew the medical necessity issues.
5-17-02	97122	$37.00	$0.00	U	$35.00		
5-17-02	97250	$46.00	$0.00	U	$43.00		
5-17-02	97265	$46.00	$0.00	U	$43.00		
5-17-02	99213MP	$51.00	$0.00	U	$48.00		
6-11-02	95851	$38.00	$0.00	F	$36.00 ea	Medicine GR (I)(E)(4)	ROM report supports billed service, reimbursement of $36.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of **$2851.00.**

This Decision is hereby issued this ____30th____ day of April, 2003.

Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 10-15-01 through 6-11-02 in this dispute.

This Order is hereby issued this __30th___ day of April, 2003.

Supervisor
Medical Dispute Resolution
Medical Review Division