

MDR Tracking Number: M5-04-0246-01 (Previously M5-03-0574-01)

This Amended Findings and Decision supercedes all previous decisions rendered in this matter.

The Medical Review Division's Findings and Decision of August 22, 2003, was issued in error and subsequently withdrawn by the Medical Review Division. The Original Findings and Decision, Appeal Letter and Withdrawal Notice are reflected in Exhibit 1.

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. This dispute was received on 4-8-02.

I. DISPUTE

1. Whether there should be reimbursement for office visits with manipulations –99213-MP, physical therapy – 97265, 97250, 97032, 97010, 97122, testing – 95851, and work hardening program 97545WH and 97546WH.

II. RATIONALE

1. On 1-16-03, the requestor withdrew all disputed services denied based upon “U” or “V”.
2. The insurance carrier denied services based upon “E – Entitlement” from 5-30-01 through 6-7-01. A review of TWCC records revealed that the insurance carrier did not comply with Section 408.027(d) by filing a TWCC-21 disputing compensability of treatment; therefore, services denied with EOB denial “E” will be reviewed in accordance with *Medical Fee Guideline*.
3. The following table identifies the disputed services and Medical Review Division's rationale:

Services that were denied without an EOB, “D,” “E” and “F” will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5-30-01 5-31-01 6-1-01 6-4-01 6-5-01 6-6-01	99213MP	\$48.00	\$0.00	E	\$48.00	Medicine GR (I)(B)(1)(b)	SOAP note supports service billed, reimbursement per MFG is recommended of 7 dates X \$48.00 = \$336.00.

6-7-01							
7-17-01 7-19-01	99213MP	\$48.00	\$43.00	F	\$48.00	Medicine GR (I)(B)(1)(b)	The insurance carrier did not reimburse the provider in accordance with the MFG; the MAR is \$48.00 not \$43.00. The requestor is entitled to the difference between amount paid and MAR. Reimbursement of 2 dates X \$5.00 = \$10.00 is recommended.
5-30-01 5-31-01 6-1-01 6-7-01	97265	\$43.00	\$0.00	E	\$43.00	CPT Code description	SOAP note supports service billed, reimbursement per MFG is recommended of 4 dates X \$43.00 = \$172.00.
7-17-01	97265	\$43.00	\$35.00	F	\$43.00	CPT Code description	SOAP note supports service billed, reimbursement per MFG is recommended of \$43.00.
5-30-01 5-31-01 6-1-01 6-5-01 6-6-01 6-7-01	97250-59	\$43.00	\$0.00	E	\$43.00	CPT Code description	SOAP note supports service billed, reimbursement per MFG is recommended of 6 dates X \$43.00 = \$258.00.
5-31-02 6-1-01 6-4-01 6-5-01 6-6-01 6-7-01	97032 (2 units)	\$44.00	\$0.00	E	\$22.00 / 15 min	CPT Code description	SOAP note supports service billed, reimbursement per MFG is recommended of 6 dates X \$44.00 = \$264.00.
6-4-01 6-5-01 6-6-01 6-7-01	97010	\$11.00	\$0.00	E	\$11.00	CPT Code description	SOAP note supports service billed, reimbursement per MFG is recommended of 4 dates X \$11.00 = \$44.00.
5-30-01 5-31-01 6-1-01 6-6-01 6-7-01	97122	\$35.00	\$0.00	E	\$35.00	CPT Code description	SOAP note supports service billed, reimbursement per MFG is recommended of 5 dates X \$35.00 = \$175.00.
7-13-01 7-24-01 8-7-01	95851	\$36.00	\$0.00	G	\$36.00	CPT Code description	ROM reports support service billed, reimbursement per MFG is recommended of 3 dates X \$36.00 = \$108.00.
8-22-01 9-10-01 9-11-01	97545WH (2 hours)	\$102.40	\$0.00	N	\$51.20 / hr	Medicine GR (II)(E)	Work hardening reports supports program. Reimbursement of 3 dates X \$102.40 = \$307.20.
8-22-01	97546WH (6 hours)	\$307.20	\$0.00	N	\$51.20 / hr	Medicine GR (II)(E)	Work hardening report indicates claimant arrived at 8:20 and left at 3:50 = 7:30 hours. The Medical Review considers 1 hour reasonable for lunch and breaks = 6:30 hours of work hardening. Above, the MDR recommends payment for 2 hours under date 8-22-01 for CPT code 97545WH. Therefore, the appropriate reimbursement is for

							6:30 minus 2 hrs = 4:30 hrs. 4:30 X \$51.20 = \$230.40.
9-11-01	97546WH (5 hours)	\$256.000	\$0.00	N	\$51.20 / hr	Medicine GR (II)(E)	Work hardening report indicates claimant arrived at 8:10 and left at 11:45 = 3:30 hours. Above, the MDR recommends payment for 2 hours under date 9-11-01 for CPT code 97545WH. Therefore, the appropriate reimbursement is for 3:30 minus 2 hrs = 1:30 hrs. The appropriate reimbursement is 1:30 X \$51.20 = \$76.80.
8-23-01	97545WH (2 hours)	\$102.40	\$0.00	No EOB	\$51.20 / hr	Medicine GR (II)(E)	Work hardening report indicates claimant arrived at 8:00 and left at 3:10 = 7:10 hours. The Medical Review considers 1 hour reasonable for lunch and breaks = 6:10 hours of work hardening. . Therefore, the appropriate reimbursement is for 6:10 hrs X \$51.20 = \$312.32.
8-23-01	97546WH (6 hours)	\$307.20	\$0.00	No EOB	\$51.20 / hr	Medicine GR (II)(E)	
6-4-01 6-7-01	97110	\$35.00	\$0.00	No EOB	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support exclusive 1 to 1 supervision per MFG. Reimbursement is not recommended.
5-30-01	95851	\$36.00	\$0.00	E	\$36.00 each	CPT Code description	ROM reports were not submitted to support billed service. Reimbursement is not recommended.
5-30-01 5-31-01 6-6-01	97110 (3 units)	\$105.00	\$0.00	E	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support exclusive 1 to 1 supervision per MFG. Reimbursement is not recommended.
7-11-01	97265	\$43.00	\$0.00	A	\$43.00	Rule 134.600(h)(10)	Written preauthorization approval report was not submitted to support services were preauthorized. Reimbursement is not recommended.
TOTAL							The requestor is entitled to reimbursement of \$2336.72.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is entitled to reimbursement of \$2336.72 for CPT code(s) 99213-MP, 97265, 97250, 97032, 97010, 97122, 95851, 97545WH and 97546WH..

This Decision is hereby issued this 4th day of December 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

IV. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$2336.72** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Order is hereby issued this 4th day of December 2003.

Roy Lewis, Supevisor
Medical Dispute Resolution
Medical Review Division

RL/ep