

MDR Tracking Number: M5-04-0311-01

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 Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/30/03.

I. DISPUTE

Whether there should be reimbursement for office visit 99214, dated 10/10/02 and 9/26/02, denied on the basis of “N” – documentation does not justify level of service.

II. FINDINGS

On 12/3/03, the Medical Review Division has dismissed the medical necessity portion of the dispute for nonpayment of the IRO fee for date of service 10/14/02. Also, disputed date of service 9/26/02 is over the one year filing deadline and cannot be reviewed per Rule 133.307 (d)(1). However, one other unresolved fee issue, dated 10/10/02 remains in the dispute and will be reviewed.

III. RATIONALE

Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (IV)(C)(2), “Two of the three Key components (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services...” Per the descriptor the components are: “a detailed history, a detailed examination and medical decision making of moderate complexity...” The requestor submitted a SOAP note verifying delivery of service and established that at least two of the three required components were present. The SOAP note also documented a 20 minute meeting with the carrier’s case manager as part of the visit. Reimbursement is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 99214 in the amount of **\$71.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$71.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 6th day of May 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division