

MDR Tracking Number: M5-04-0382-01

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 10/30/02.

I. DISPUTE

Whether there should be reimbursement for 97265, 95904, 95900, 99213-MP, 97032, 97139-SS and 97250 from 5/13/02 through 9/16/02.

II. FINDINGS

The requestor initially submitted all disputed services from 5/13/02 through 9/16/02. On 12/31/03 the requestor submitted a letter to the Commission withdrawing all services disputed for medical necessity because payment had been received from the carrier. Those services will not be included in this decision. Only services from 6/12/02 through 9/16/02, disputed on the basis of the Medical Fee Guideline, will be reviewed.

The requestor disputed the entitlement to benefits to medical services. This issue was resolved in the injured worker's favor at a Contested Case Hearing held 3/3/04.

The carrier filed two sets of EOBs on these disputed services in August and September of 2002 and again in October 2003. As a final determination on Entitlement was not made until 3/3/04, both groups of EOBs are timely filed and will be considered in this decision.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
6/12/02	97265	\$ 45.00	\$ 0.00	E, 0	\$43.00	Section 408.021 (a)(1-3)	Both EOBs indicate that service was reviewed for entitlement only. The question of entitlement was determined 3/3/04. The carrier failed to re-review the bill after the CCH. Reimbursement of \$43.00 is recommended.
6/14/02	97265	\$ 45.00	\$ 43.00	N/A	\$43.00	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.

DOS	CPT COD E	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
7/29/02	97265	\$ 45.00	\$ 0.00	O,	\$43.00	Section 408.021 (a)(1-3)	Although an EOB was submitted, neither the requestor or respondent furnished an EOB identifying the basis for denial. On this basis, this service will be reviewed per the 1996 Medical Fee Guideline. The MFG recommended \$43.00 reimbursement for this service. Reimbursement is recommended.
8/5/02	97265	\$ 45.00	\$ 0.00	F, U	\$43.00	N/A	The requestor notified the Commission on 12/31/03 that all services denied for medical necessity are withdrawn. As such this service is dismissed. Reimbursement is not recommended.
8/7/02	97265	\$ 45.00	\$ 0.00	No EOB	\$43.00	Section 408.021 (a)(1-3)	Neither the requestor or respondent furnished an EOB identifying the basis for denial. On this basis, this service will be reviewed per the 1996 Medical Fee Guideline. The MFG recommended \$43.00 reimbursement for this service. Reimbursement is recommended.
8/9/02	97265	\$ 45.00	\$ 0.00	F, U	\$43.00	N/A	The requestor notified the Commission on 12/31/03 that all services denied for medical necessity are withdrawn. As such this service is dismissed. Reimbursement is not recommended.
8/12/02	97265	\$ 45.00	\$ 0.00	E, O	\$43.00	Section 408.021 (a)(1-3)	Both EOBs indicate that service was reviewed for entitlement only. The question of entitlement was determined 3/3/04. The carrier failed to re-review the bill after the CCH. Reimbursement of \$43.00 is recommended.
8/14/02	97265	\$ 45.00	\$ 0.00	E, O	\$43.00	See above.	See above.
8/19/02	97265	\$ 45.00	\$ 0.00	O,	\$43.00	Section 408.021 (a)(1-3)	Although an EOB was submitted, neither the requestor or respondent furnished an EOB identifying the basis for denial. On this basis, this service will be reviewed per the 1996 Medical

DOS	CPT COD E	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
							Fee Guideline. The MFG recommended \$43.00 reimbursement for this service. Reimbursement is recommended.
9/4/02	97265	\$ 45.00	\$ 0.00	F,	\$43.00	Section 408.021 (a)(1-3)	The 1996 Medical Fee Guideline allows reimbursement for this service. All requirement of the MFG were met. Reimbursement of \$43.00 is recommended.
9/11/02	97265	\$ 45.00	\$ 0.00	F	\$43.00	Section 408.021 (a)(1-3)	The 1996 Medical Fee Guideline allows reimbursement for this service. All requirement of the MFG were met. Reimbursement of \$43.00 is recommended.
7/10/02	95904 x 4 units	\$ 256.00	\$256.00	N/A	\$64.00 per unit	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.
	95900 x 4 units	\$ 256.00	\$256.00	N/A	\$64.00 per unit	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.
8/28/02	99213 MP	\$ 48.00	\$ 48.00	N/A	\$48.00	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.
	97032	\$ 23.00	\$ 22.00	N/A	\$22.00	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.
	97139 SS	\$ 27.00	\$ 20.25	M	DOP	Rule 133.307 (g)(3)(D)	Rule 133.307 (g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. No such documentation was submitted by the requestor to support their charges as fair and reasonable. Additional reimbursement is not recommended.
	97250	\$ 45.00	\$ 43.00	N/A	\$43.00	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.
8/30/02	99213 MP	\$ 48.00	\$ 48.00	N/A	\$48.00	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.
	97032	\$ 23.00	\$ 22.00	N/A	\$22.00	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.

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	97139 SS	\$ 27.00	\$ 20.25	M	DOP	Rule 133.307 (g)(3)(D)	Rule 133.307 (g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. No such documentation was submitted by the requestor to support their charges as fair and reasonable. Additional reimbursement is not recommended.
	97250	\$ 45.00	\$ 43.00	N/A	\$43.00	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.
9/16/02	99213 MP	\$ 48.00	\$ 48.00	N/A	\$48.00	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.
	97032	\$ 23.00	\$ 22.00	N/A	\$22.00	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.
	97139 SS	\$ 27.00	\$ 20.25	M	DOP	Rule 133.307 (g)(3)(D)	Rule 133.307 (g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. No such documentation was submitted by the requestor to support their charges as fair and reasonable. Additional reimbursement is not recommended.
	97250	\$ 45.00	\$ 43.00	N/A	\$43.00	N/A	Per EOB paid by the carrier. Additional reimbursement not recommended.
TOTAL		\$1,436.00	\$954.75				The requestor is entitled to reimbursement of \$344.00.

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 97265, 95904, 95900, 99213-MP, 97032, 97139-SS and 97250 in the amount of **\$344.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$344.00** 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 14th day of June 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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