

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 10/27/03.

### I. DISPUTE

Whether there should be reimbursement for 97018, 97035, A4265 and 97014 from 11/20/02 through 12/19/02 denied per the 1996 Medical Fee Guideline or global to another service.

### II. FINDINGS

The requestor's Table of Disputed Services identified A4265 denied for "U" lack of medical necessity for dates of service 12/13/02, 12/16/02, 12/18/02 and 12/19/02. The requestor subsequently withdrew all disputed services denied for medical necessity. Therefore, these services will not be included in this decision.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11/20/02 thru 12/19/02	97018 x 13 units of paraffin bath	\$325.00	\$00.00	F	16.00 per unit.	Section 408.021 (e)(2)(A)(i)  MFG MGR (I)(10)(a)	Denied based upon the 1996 Medical Fee Guideline. The requestor did not exceed the 4 modality unit per the MFG. Reimbursement of \$208.00 is recommended.
11/20/02 thru 12/19/02	97035 x 14 units	\$364.00	\$00.00	F	22.00 per unit.	See above.	See above. Reimbursement of \$308.00 is recommended.
11/20/02 thru 12/5/02	A4265 X 9 units of paraffin.	\$ 45.00	\$00.00	G	DOP	MFG General Instructions (IV)	Denied as global to another service. The General Instructions of the 1996 MFG state that materials normally global to the service must exceed \$5.00 to be billed. This material did not exceed the \$5.00 limit. Reimbursement is not recommended.
12/02/02	97014	\$ 18.00	\$00.00	F	15.00 per unit	Section 408.021 (e)(2)(A)(i)  MFG MGR (I)(10)(a)	Denied based upon the 1996 Medical Fee Guideline. A -0- reimbursement is not fair and reasonable for this service. The MFG allows \$15.00 reimbursement for this service. Reimbursement of \$15.00 is recommended.

TOTAL		\$752.00	\$00.00				The requestor is entitled to reimbursement of \$497.00.
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**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 97018, 97035, A4265 and 97014 in the amount of **\$497.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$497.00** 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 19<sup>th</sup> day of June, 2004.

Noel L. Beavers  
 Medical Dispute Resolution Officer  
 Medical Review Division

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