

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 11-26-03.

**I. DISPUTE**

Whether there should be reimbursement for codes 99213, 97032, 97140, 97016, 97010 and 98940 for dates of service 07-21-03 through 10-01-03.

**II. FINDINGS**

On 03-03-04, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

**III. RATIONALE**

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
10-01-03	99213	\$64.46 (1 unit)	\$0.00	NO EOB	\$59.00	Rule 133.307 (g)(3)(A-F)	BRC established there was no injury to the cervical spine and decision upheld by CCH and APD. No reimbursement recommended.
09-11-03 09-23-03 10-01-03 (3 DOS)	97032	\$61.71 (1 unit @ \$20.57 X 3 DOS)	\$0.00	NO EOB	\$18.83	Rule 133.307 (g)(3)(A-F)	BRC established there was no injury to the cervical spine and decision upheld by CCH and APD. No reimbursement recommended.
10-01-03	97140	\$33.75 (1 unit)	\$0.00	NO EOB	\$31.00	Rule 133.307 (g)(3)(A-F)	BRC established there was no injury to the cervical spine and decision upheld by CCH and APD. No reimbursement recommended.
09-11-03 09-23-03 10-01-03 (3 DOS)	97016	\$52.86 (1 unit @ \$17.62 X 3)	\$0.00	NO EOB	\$16.13	Rule 133.307 (g)(3)(A-F)	BRC established there was no injury to the cervical spine and decision upheld by CCH and APD. No reimbursement recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
		DOS)					

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
10-01-03	97010	\$11.00 (1 unit)	\$0.00	NO EOB	\$11.00	Rule 133.307 (g)(3)(A-F)	BRC established there was no injury to the cervical spine and decision upheld by CCH and APD. No reimbursement recommended.
09-02-03 09-04-03 09-11-03 09-23-03 (4 DOS)	98940	\$131.68 (1 unit @ \$32.92 X 4 DOS)	\$0.00	NO EOB	\$30.14	Rule 133.307 (g)(3)(A-F)	BRC established there was no injury to the cervical spine and decision upheld by CCH and APD. No reimbursement recommended.
07-21-03	97032	\$20.57 (1 unit)	\$0.00	Invalid Procedure Code	\$22.00	96 MFG MEDICINE GR(I)(9)(a) (iii)	Carrier denied for invalid procedure code. Per 96 MFG code billed is valid. Reimbursement recommended in the amount of \$20.57
07-21-03	97016	\$17.62 (1 unit)	\$0.00	Invalid Procedure Code	\$24.00	96 MFG MEDICINE GR(I)(9)(a) (ii)	Carrier denied for invalid procedure code. Per 96 MFG code billed is valid. Reimbursement recommended in the amount of \$17.62
07-21-03	98940	\$32.92 (1 unit)	\$0.00	Invalid Procedure Code		96 MFG GENERAL INSTRUCTIONS GR(I)(A)	Carrier denied for invalid procedure code. Per 96 MFG requestor billed with an invalid procedure code. Reviewer cannot determine MAR. No reimbursement recommended.
TOTAL		\$426.57	\$0.00				Requestor is entitled to reimbursement in the amount of \$38.19

#### IV. DECISION

Based upon review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is entitled to reimbursement for CPT code 97032 and code 97016 for date of service 07-21-03 in the amount of \$20.57 and \$17.62 respectively for a total reimbursement of \$38.19.

## **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 date of service 07-21-03 in this dispute.

The above Findings and Decision and Order are hereby issued this 7th day of July 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh