

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 12/08/03.

### **I. DISPUTE**

Whether there should be reimbursement for dates of service 12/24/02 through 1/28/03. The Carrier denied reimbursement for dates of service 12/24/02 (CPT code 99212) and 1/02/03 (CPT code 99213) as "U – Payment is denied because the treatment/service is medically unreasonable and/or unnecessary. This is not based on a Peer Review." The Carrier denied reimbursement for dates of service 1/03/03 through 1/28/03 (CPT code 99213-MP) as "N – Payment reduced/denied because doc does not state technique applied. "

### **II. FINDINGS**

On 1/13/04, the Requestor submitted a withdrawal letter for the dates of service 12/24/02 and 1/02/03 that were denied as unnecessary medical. On 1/13/04, a Notice was faxed to 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 this Notice.

### **III. RATIONALE**

The Requestor billed \$60.00 for each date of service for CPT code 99213-MP. The MAR is \$48.00. The Carrier states in their EOB that payment was denied because it does not include the technique used. According to the 1996 Medical Fee Guideline, E/M and CPT Descriptor codes, the Requestor met the criteria for billing CPT code 99213-MP. Relevant medical documentation was submitted to support the delivery of services as billed. Therefore, reimbursement is recommended in the amount of \$288.00(\$48.00 MAR x 6 days = \$288.00)

### **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 CPT code 99213-MP in the amount of **\$288.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$288.00** 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 07th day of May 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division  
PD/pd