

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 1-16-04.

### **I. DISPUTE**

Whether there should be reimbursement for code 99213 billed on dates of service 3-5-03 and 3-6-03, and code 99213-MP billed on dates of service 3-21-03, 3-26-03, and 3-28-03 denied by the carrier as "N".

### **II. RATIONALE**

On 2-13-04, the requestor submitted a withdrawal letter for the medical necessity issues. On 2-13-04 the Division submitted a Notice to the requestor, per Rule 133.307(g)(3), 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.

CPT code 99213 billed on dates of service 3-5-03 and 3-6-03 was denied as "N – payment is reduced/denied because doc of ov/eval not submitted." The 1996 Medical Fee Guideline, E/M ground rule VI, B and CPT descriptor requires at least two of these three key components: an expanded problem focused history, an expanded problem focused examination, medical decision making of low complexity. Daily notes support two of the three key components. Recommend reimbursement of \$48.00 x 2 days = \$96.00.

CPT code 99213-MP billed on dates of service 3-21-03, 3-26-03, and 3-28-03 was denied as "N – payment is reduced/denied because doc of ov/eval not submitted." And upon reconsideration, was denied as "O - doc of MP not submitted." The 1996 Medical Fee Guideline, Medicine ground rule I B 1 b states that the doctor shall use the code 99213 with the modifier –MP when providing an office visit in combination with a manipulation on the date of service. Daily notes support office visit with manipulation. Recommend reimbursement of \$48.00 x 3 days = \$144.00.

### **III. ORDER**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees outlined above as follows:

In accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003; plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is applicable to dates of service 3-5-03 through 3-28-03 as outlined above in this dispute.

MDR: M5-04-1368-01

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19th day of October 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division