

TEXAS WORKERS' COMPENSATION COMMISSION
MEDICAL REVIEW DIVISION, MS-48
MEDICAL DISPUTE RESOLUTION
FINDINGS AND DECISION

MDR Tracking Number: M5-04-1528-01

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, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-13-03.

Date of service 11-05-02 per Rule 133.308(e)(1) was not timely filed and will not be reviewed by the Medical Review Division.

The IRO reviewed prolonged evaluation and management, temperature gradient studies, office visits with manipulation, unlisted modality, team/medical conference, electrical stimulation and physical performance testing rendered from 11-20-02 through 05-23-03 that were denied based upon "U" and "V".

The IRO determined that office visits (99213-MP and 99214-MP) at a frequency of one visit per patient encounter, physical performance test (97750), team conferences (99361) for all dates of service (but only one reported service per date) **were** medically necessary. The IRO determined that electrical stimulations (97014-59) after 12-09-02, office visits (99212-MP), temperature gradient testing (93740), prolonged evaluation and management (99358 and 99358-52) and unlisted modalities (97039-59) **were not** medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 01-30-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

Review of CPT codes 99080-73 (11-14-02, 12-06-02 and 01-08-03), 99358 (11-14-02, 01-29-03 and 05-02-03), 99213- MP (11-18-02, 11-19-02, 11-20-02, 12-20-02, 12-30-02, 01-03-03, 01-23-03, 01-24-03 and 04-15-03), 99361 (12-05-02, 03-14-03 (X2), 04-11-03 and 04-18-03(X2)) and code 97039-59 (04-15-03) revealed that neither party submitted EOBs. Per Rule 133.307(e)(2)(B)

the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement recommended.

CPT code 97750 date of service 11-14-02 (8 units) and 01-08-03 (8 units) denied with denial code "N" (not appropriately documented). The requestor submitted documentation that supported services. Reimbursement per Rule 133.307(g)(3)(A-F) is recommended in the amount of **\$688.00** (\$43.00 X 16 units).

CPT code 97039-59 date of service 11-15-02 denied with denial code "M" (No MAR). The carrier made a payment of \$22.00. The requestor provided relevant information to support services delivered. Additional reimbursement is recommended in the amount of **\$8.00**.

CPT code 97039-59 dates of service 11-18-02, 11-20-02 and 11-22-02 denied with denial code "F" (fee guideline MAR reduction). The carrier made no payment. The requestor provided relevant information to support services delivered. Per Rule 133.307(g)(3)(A-F) reimbursement is recommended in the amount of **\$90.00** (\$30.00 X 3 DOS).

CPT code 97014-59 dates of service 11-18-02, 11-20-02 and 11-22-02 denied with denial code "F" (fee guideline MAR reduction). The carrier made no payment. The requestor provided relevant information to support services delivered. Per Rule 133.307(g)(3)(A-F) reimbursement is recommended in the amount of **\$45.00** (\$15.00 X 3 DOS).

CPT code 99213-MP dates of service 11-21-02 and 11-22-02 denied with denial code "F" (fee guideline MAR reduction). The carrier made no payment. The requestor provided relevant information to support services delivered. Per Rule 133.307(g)(3)(A-F) reimbursement is recommended in the amount of **\$96.00** (\$48.00 X 2 DOS).

CPT code 99199 date of service 11-22-02 denied with denial code "N" (not appropriately documented). Documentation submitted by the requestor did not support the services billed. No reimbursement recommended.

CPT code 97039-59 dates of service 11-25-02, 12-09-02 and 01-02-03 denied with denial code "N" (not appropriately documented). The requestor submitted documentation that supported services. Reimbursement per Rule 133.307(g)(3)(A-F) is recommended in the amount of **\$90.00** (\$30.00 X 3 DOS).

CPT code 95925-WP (2 units) date of service 12-10-02 denied with denial code "F" (fee guideline MAR reduction). The carrier paid \$175.00. Per Rule 133.307(g)(3)(A-F) additional reimbursement is recommended in the amount of **\$175.00**.

CPT code 95999-WP (4 units) date of service 12-10-02 denied with denial code "F" (fee guideline MAR reduction). The carrier paid \$220.00. The requestor submitted relevant information to support services delivered. Per Rule 133.307(g)(3)(A-F) additional reimbursement is recommended in the amount of **\$660.00**.

CPT code 95935-WP (6 units) date of service 12-10-02 denied with denial code "F" (fee guideline MAR reduction). The carrier paid \$212.00. The requestor submitted relevant information to support services delivered. Per Rule 133.307(g)(3)(A-F) additional reimbursement is recommended in the amount of **\$106.00** (MAR of \$318.00 (\$53.00 X 6 units) minus carrier payment).

CPT code 95831 date of service 12-10-02 denied with denial code "F" (fee guideline MAR reduction). The carrier made no payment. The requestor submitted relevant information to support services delivered. Per Rule 133.307(g)(3)(A-F) reimbursement is recommended in the amount of **\$29.00**.

HCPCS code A4558 date of service 12-10-02 denied with denial code "G" (unbundling). Per Rule 133.304(c) the carrier did not specify which service HCPCS code A4558 was global to. Reimbursement is recommended in the amount of **\$60.00**.

HCPCS code A4215 date of service 12-10-02 denied with denial code "G" (unbundling). Per Rule 133.304(c) the carrier did not specify which service HCPCS code A4215 was global to. Reimbursement is recommended in the amount of **\$30.00**.

HCPCS code A4556 date of service 12-10-02 denied with denial code "G" (unbundling). Per Rule 133.304(c) the carrier did not specify which service HCPCS code A4556 was global to. Reimbursement is recommended in the amount of **\$100.00**.

CPT code 99213-MP (7 DOS) 12-13-02, 12-16-02, 12-17-02, 01-02-03, 02-05-03, 02-07-03 and 02-10-03 denied with denial codes 119 (procedure not in providers scope of practice). The requestor submitted relevant information to support services delivered. Per Rule 133.307(g)(3)(A-F) in the amount of **\$336.00** (\$48.00 X 7 DOS).

CPT code 99213-MP date of service 12-19-02 denied with denial code "N" (not appropriately documented). Documentation submitted by requestor does not support services billed. No reimbursement recommended.

CPT code 99361 date of service 12-19-02 denied with denial code "119/F" (procedure not in providers scope of practice/fee guideline MAR reduction). Documentation submitted by requestor does not support services billed. No reimbursement recommended.

CPT code 99213-MP (4 DOS) 01-27-03, 01-29-03, 01-31-03, 02-03-03 and 02-12-03 denied with denial code "119/F" (procedure not in providers scope of practice/fee guideline MAR reduction). Documentation submitted by requestor supports services billed. Reimbursement is recommended per Rule 133.307(g)(3)(A-F) in the amount of **\$192.00** (\$48.00 X 4 DOS).

CPT code 99358 date of service 02-12-03 denied with denial code "N" (not appropriately documented). Documentation submitted by requestor supports services billed. Reimbursement is recommended per Rule 133.307(g)(3)(A-F) in the amount of **\$60.00**.

CPT code 97750-FC date of service 02-14-03 denied with denial code "N" (not appropriately documented). The requestor provided documentation that met criteria for services billed. Reimbursement is recommended in the amount of **\$500.00**.

CPT code 99080-73 date of service 02-17-03 denied with denial code “V” (unnecessary medical with peer review). The TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. Reimbursement is recommended in the amount of **\$15.00**.

CPT code 97545-WH (23 DOS) (23 units) 03-04-03, 03-05-03, 03-06-03, 03-07-03, 03-10-03, 03-13-03, 03-17-03, 03-18-03, 03-19-03, 03-24-03, 03-25-03, 03-26-03, 03-27-03, 03-28-03, 03-31-03, 04-01-03, 04-02-03, 04-03-03, 04-04-03, 04-21-03, 04-22-03, 04-24-03 and 04-25-03 denied with denial code “N” (not appropriately documented). The requestor provided documentation for dates of service 03-04-03 through 04-01-03 and 04-21-03, 04-22-03, 04-24-03 and 04-25-03 which met criteria. Reimbursement per Rule 133.307(g)(3)(A-F) is recommended in the amount of **\$1,152.00** (\$64.00 X 18 units) for dates of service 03-04-03 through 04-01-03 and 04-21-03, 04-22-03, 04-24-03 and 04-25-03. The requestor billed \$128.00 for each unit, however, the MAR is \$64.00 per hour. Reimbursement for date of service 03-17-03 is recommended in the amount of **\$32.00**. The requestor billed \$128.00 for 1 unit. Documentation submitted by the requestor stated 30 minutes of treatment. The MAR is \$64.00 per hour of treatment. Documentation was not submitted for dates of service 04-01-03, 04-02-03, 04-03-03 and 04-04-03 therefore no reimbursement is recommended.

CPT code 97546-WH (24 DOS) (140 units) 03-04-03, 03-05-03, 03-06-03, 03-07-03, 03-10-03, 03-12-03, 03-13-03, 03-17-03, 03-18-03, 03-19-03, 03-24-03, 03-25-03, 03-26-03, 03-27-03, 03-28-03, 03-31-03, 04-01-03, 04-02-03, 04-03-03, 04-04-03, 04-21-03, 04-22-03, 04-24-03 and 04-25-03 denied with denial code “N” (not appropriately documented). The requestor provided documentation for dates of service 03-04-03 through 04-01-03 and 04-21-03, 04-22-03, 04-24-03 and 04-25-03. Documentation indicates that for each date of service, with the exception of 03-17-03, work hardening was attended for 60 minutes. Documentation for date of service 03-17-03 indicates work hardening was attended for 30 minutes. Code 97546-WH per MEDICINE GR(II)(E)(4) is billed for each additional hour. Documentation does not support the services billed. No reimbursement is recommended. No documentation was submitted for dates of service 04-01-03, 04-02-03, 04-03-03 and 04-04-03 therefore no reimbursement is recommended.

CPT code 99358 dates of service 03-12-03 and 03-21-03 denied with denial code “N” (not appropriately documented). The requestor provided documentation that supported services billed. Reimbursement is recommended in the amount of **\$120.00** (\$60.00 X 2 DOS). The MAR is \$84.00, however, the requestor billed \$60.00 for each date of service.

CPT code 99361 date of service 03-14-03 denied with denial code “F/100” (included in another billed procedure). Per Rule 133.304(c) the carrier did not specify which service code 99361 was global to. Reimbursement is recommended in the amount of **\$53.00**.

CPT code 99361 date of service 03-21-03 denied with denial code “N” (not appropriately documented). Documentation submitted does not support services billed. No reimbursement recommended.

CPT code 99361 date of service 03-21-03 denied with denial code “F/119” (procedure not in providers scope of practice). Documentation submitted does not support services billed. No reimbursement recommended.

CPT code 97750 date of service 04-02-03 denied with denial code "N" (not appropriately documented). Requestor did not submit documentation for review. No reimbursement recommended.

CPT code 99358 date of service 04-04-03 denied with denial code "F /100" (included in another billed procedure). The carrier per Rule 133.304(c) did not specify which service code 99358 was global to. Reimbursement recommended in the amount of **\$60.00**. The MAR is \$84.00, however, requestor only billed \$60.00.

CPT code 99358 date of service 04-16-03 denied with denial code "F" (fee guideline MAR reduction). Documentation submitted by the requestor supported services billed. Per Rule 133.307(g)(3)(A-F) reimbursement is recommended in the amount of **\$60.00**. The MAR is \$84.00, however, requestor only billed \$60.00.

This Findings and Decision is hereby issued this 31st day of January 2005.

Medical Dispute Resolution Officer
Medical Review Division

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 dates of service 11-14-02 through 05-23-03 in this dispute.

This Order is hereby issued this 31st day of January 2005.

, Supervisor
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO Decision

MEDICAL REVIEW OF TEXAS
3402 Vanshire Drive **Austin, Texas 78738**
Phone: 512-402-1400 **FAX: 512-402-1012**

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISION II – 10/29/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-1528-01
Name of Patient:	
Name of URA/Payer:	Parker Chiropractic, PC
Name of Provider: (ER, Hospital, or Other Facility)	Parker Chiropractic, PC
Name of Physician: (Treating or Requesting)	John Parker, DC

January 19, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

A 45-year-old Hispanic female injured her lower back at work after repeatedly lifting and stacking boxes. She had immediate pain in her lower back and right leg, and presented for chiropractic care. Treatment then ensued consisting of chiropractic manipulation and rehabilitation.

REQUESTED SERVICE(S)

Prolonged evaluation and management (99358 and 99359-52), temperature gradient studies (93740), office visits with manipulation (99213-MP, 99212-MP, and 99214-MP), unlisted modality (97039-59), team/medical conference (99361), electrical stimulation (99214-59), and physical performance testing (97750) from dates of service (DOS) 11/20/02 through 05/23/03.

DECISION

The office visits – 99213-MP and 99214-MP – are approved at a frequency of one office visit reported per patient encounter; any office visits submitted *in excess of* one reported per office visit are denied. The physical performance tests performed on various different dates throughout the range in question are approved. The team conferences (99361) for all DOS are approved, but *only for one reported service per date*. The team conferences in excess of one reporting per date of service are denied.

The electrical stimulations (97014-59) after 12/09/02 are denied, as are the office visits 99212-MP.. The temperature gradient testing (93740) is denied. All prolonged evaluation and management services (99358 and 99358-52) are denied. All unlisted modalities (97039-59) are denied.

RATIONALE/BASIS FOR DECISION

The records submitted for DOS 3/07/03 did not reflect a flare up, and consequently, the reapplication of modalities at that point in care was not medically necessary. In addition, the documentation failed to specify what the unlisted modality (97039-59) consisted of, which is a requirement of reporting this code. Because it is absent, it is impossible to make a determination of medical necessity of the service provided, so these reported procedures are denied.

Per *Current Procedural Terminology* ("CPT"), reporting an Evaluation and Management (E/M) code for an established patient may not be in excess of one code per date; therefore, in instances where multiple E/M codes were reported on the same DOS, they are contrary to CPT and are denied.

Based on the medical documentation submitted, the prolonged E/M services (99358) are denied as medically unnecessary. In addition, they are time-based codes and require that elapsed time be reported in the daily notes. However, the daily notes omitted this information.

The temperature gradient studies are also denied as medically unnecessary.