

**MDR Tracking Number: M5-04-1880-01**

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, 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 02-25-04.

**I. DISPUTE**

Whether there should be reimbursement for CPT codes 99213, 97265, 97250, 97139 and 97016 on dates of service 03-31-03, 04-01-03 and 04-02-03.

**II. FINDINGS**

On 05-12-04, 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**

Review of CPT code 99213 dates of service 03-31-03 and 04-02-03 as well as CPT codes 97265, 97139, and 97016 date of service 04-02-03 revealed that neither the requestor nor respondent 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. Per Rule 133.307(e)(3)(B) the respondent did not provide EOBs as required. No reimbursement recommended.

CPT code 99213 date of service 04-01-03 denied with denial code "D" (duplicate). Per Rule 133.304(c) the carrier did not specify which service code 97265 was duplicate to. The service is reviewed per the 96 Medical Fee Guideline. Reimbursement is recommended in the amount of \$48.00

CPT code 97265 date of service 04-01-03 denied with denial code "D" (duplicate). Per Rule 133.304(c) the carrier did not specify which service code 97265 was duplicate to. The service is reviewed per the 96 Medical Fee Guideline. Reimbursement is recommended in the amount of \$43.00.

CPT code 97250 date of service 04-01-03 denied with denial code "D" (duplicate). Per Rule 133.304(c) the carrier did not specify which service code 97265 was duplicate to. The service is reviewed per the 96 Medical Fee Guideline. Reimbursement is recommended in the amount of \$43.00.

CPT code 97139 (2 units) date of service 04-01-03 denied with denial code "D" (duplicate). Per Rule 133.304(c) the carrier did not specify which service code 97265 was duplicate to. The service is reviewed per the 96 Medical Fee Guideline. Reimbursement is recommended in the amount of \$70.00 (\$35.00 X 2 units).

#### **IV. DECISION**

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, 97265, 97250 and 97139 for dates of service 04-01-03. The Division determined that the requestor **is not** entitled to reimbursement for CPT code 99213 for dates of service 03-31-03 and 04-02-03 or for CPT codes 97265, 97139 and 97016 on date of service 04-02-03.

#### **V. 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 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 Order is applicable to date of service 04-01-03 in this dispute.

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 Findings and Decision and Order are hereby issued this 3rd day of January 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh