

MDR Tracking Number: M5-04-1906-01

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 12-09-03.

The requestor Central Dallas Rehab provided an updated table of disputed services on 04-08-04 indicating payment was made for dates of service 12-26-02 through 12-30-02.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97545-WH-AP and 97546-WH-AP for date of service 02-14-03 and CPT code 99213-MP dates of service 02-17-03 and 03-17-03.

II. FINDINGS

RESPONDENT POSITION: Services in dispute are fee issues. EOB's were provided, however, dates of service on EOB's are not the same as the dates of service in dispute listed on the table of disputed services.

REQUESTOR POSITION: Carrier is in violation of Rule 133.304(a).

III. RATIONALE

Review of CPT codes 97545-WH-AP (1 unit) and 97546-WH-AP (6 units) date of service 02-14-03 and CPT code 99213-MP dates of service 02-17-03 and 03-17-03 revealed that neither the requestor nor the respondent submitted EOB's. Per Rule 133.307(e)(2)(B) the requestor submitted convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement is recommended for CPT code 97545-WH-AP in the amount of **\$64.00** (1 unit) and for CPT code 97546-WH-AP in the amount of **\$384.00** (\$64.00 X 6 units) per the 96 Medical Fee Guideline MEDICINE GR II (E)(5). Reimbursement is recommended in the amount of **\$96.00** (\$48.00 X 2 DOS) for CPT code 99213-MP per the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GR VI(B).

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 codes 97545-WH-AP and 97546-WH-AP for date of service 02-14-03 and CPT code 99213-MP dates of service 02-17-03 and 03-17-03.

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 dates of service 02-14-03, 02-17-03 and 03-17-03 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)).

The above Findings and Decision and Order are hereby issued this 16th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh