

MDR Tracking Number: M5-04-1912-01

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 02-27-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97250, 97113, 99080-73, 99213, 97140-59, 98943, 95851, 99243, 97016, 97139, 97110, 95834, 97035, 97010 and 99271 for dates of service 03-24-03 through 09-24-03.

II. FINDINGS

On 05-17-03, 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

CPT code 97250 date of service 07-21-03 denied with denial code "D" (duplicate). The respondent did not indicate what service CPT code 97250 was a duplicate to in accordance with Rule 133.304(c). Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of **\$43.00**.

Review of CPT code 97110 date of service 03-24-03, CPT code 97139 date of service 03-24-03, and 07-08-03, CPT code 97016 date of service 03-24-03, 07-08-03, CPT code 99243 date of service 04-14-03, CPT code 97035 date of service 07-08-03, CPT code 97010 date of service 07-08-03, CPT code 99213 dates of service 07-16-03 through 07-31-03 (4 DOS), CPT code 97140-59 date of service 07-29-03, CPT code 97113 dates of service 07-16-03, 07-29-03, 07-30-03 and 08-04-03, CPT code 97250 dates of service 07-16-03 and 07-31-03, CPT code 98943 date of service 08-04-03, CPT code 99271 date of service 09-24-03 revealed that neither the requestor nor respondent submitted copies of EOBs. The requestor did not submit convincing evidence of carrier receipt of the providers request for EOBs in accordance with Rule 133.307(e)(2)(B) therefore no reimbursement is recommended.

CPT code 95851 date of service 05-19-03 denied with denial code "G" (global). The carrier did not specify which service code 95851 was global to per rule 133.304(c). Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of **\$36.00**.

CPT code 95834 date of service 05-19-03 denied with denial code “G” (global). The carrier did not specify which service code 95834 was global to per rule 133.304(c). Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of **\$116.00**.

CPT code 99213 date of service 07-21-03 denied with denial code “D” (duplicate). The respondent did not indicate what service CPT code 99213 was a duplicate to in accordance with Rule 133.304(c). Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of **\$48.00**.

CPT code 97113 (4 units) date of service 07-21-03 denied with denial code “D” (duplicate). The respondent did not indicate what service CPT code 97113 was a duplicate to in accordance with Rule 133.304(c). Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of **\$208.00** (\$52.00 X 4 units).

CPT code 99080-73 date of service 07-21-03 denied with denial code “D” (duplicate). The respondent did not indicate what service CPT code 99080-73 was a duplicate to in accordance with Rule 133.304(c). Reimbursement is recommended per Rule 133.106(f) in the amount of **\$15.00**.

CPT code 99080-73 date of service 09-15-03 denied with denial code “V” (medically unnecessary with peer review). The TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement is recommended in the amount of **\$15.00** per Rule 133.106(f).

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 97250 date of service 07-21-03, code 95851 date of service 05-19-03, code 95834 date of service 05-19-03, code 99213 date of service 07-21-03, code 97113 date of service 07-21-03 and code 99080-73 dates of service 07-21-03 and 09-15-03. The requestor **is not** entitled to reimbursement for CPT code 97110 date of service 03-24-03, CPT code 97139 date of service 03-24-03, and 07-08-03, CPT code 97016 date of service 03-24-03, 07-08-03, CPT code 99243 date of service 04-14-03, CPT code 97035 date of service 07-08-03, CPT code 97010 date of service 07-08-03, CPT code 99213 dates of service 07-16-03 through 07-31-03 (4 DOS), CPT code 97140-59 date of service 07-29-03, CPT code 97113 dates of service 07-16-03, 07-29-03, 07-30-03 and 08-04-03, CPT code 97250 dates of service 07-16-03 and 07-31-03, CPT code 98943 date of service 08-04-03, CPT code 99271 date of service 09-24-03.

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 05-19-03, 07-21-03 and 09-15-03 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