

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 03-08-04.

I. DISPUTE

Whether there should be reimbursement for CPT code 97799-CP for dates of service 04-02-03 through 05-21-03.

II. FINDINGS

This dispute contains fee issues only. On 01-27-05 per Rule 133.307(g)(3), a Notice was sent to the requestor requesting 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 97799-CP dates of service 04-08-03, 04-11-03, 04-21-03, 04-22-03, 04-23-03, 05-05-03, 05-07-03, 05-08-03 and 05-09-03 revealed that neither party submitted EOBs. The carrier has made a payment of \$24.50 (DOS 04-21-03 and 04-22-03). Per Rule 133.307(e)(2)(B) for dates of service 04-08-03, 04-11-03, 04-21-03, 04-22-03 and 04-23-03 the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Per Rule 133.307(e)(2)(B) for dates of service 05-05-03, 05-07-03, 05-08-03 and 05-09-03 the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. Additional reimbursement is recommended for dates of service 04-21-03 and 04-22-03 in the amount of **\$2,425.50 (\$2,450.00 billed minus carrier payment of \$24.50)**. Reimbursement for dates of service 04-08-03, 04-11-03 and 04-23-03 is recommended in the amount of **\$3,150.00 (\$962.50 X 2 DOS and \$1225.00 X 1 DOS)**. No reimbursement is recommended for dates of service 05-05-03, 05-07-03, 05-08-03 and 05-09-03.

CPT code 97799-CP dates of service 04-02-03, 04-03-03, 04-14-03, 04-15-03, 04-16-03, 04-17-03, 05-01-03, 05-02-03, 05-12-03, 05-19-03, 05-20-03 and 05-21-03 denied with denial code "V" (unnecessary treatment with peer review). Preauthorization had been obtained by the requestor for these services. Per Rule 134.600(b)(1)(B) the carrier is liable for all reasonable and necessary medical costs relating to the health care. Reimbursement is recommended in the amount of **\$14,700.00 (\$1,225.00 X 12 DOS)**.

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 97799-CP for the dates

of service in dispute (with the exception of dates of service 05-05-03, 05-07-03, 05-08-03 and 05-09-03).

The above Findings and Decision is hereby issued this 8th day of March 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

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 Medicare program reimbursement methodologies effective August 1, 2003 per Commission rule 134.202(c), 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 04-02-03 through 05-21-03 in this dispute.

The above Order is hereby issued this 8th day of March 2005.

Margaret Ojeda, Manager
Medical Dispute Resolution
Medical Review Division

MQO/dlh