

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 3-16-04.

Based on correspondence from the requestor on 3/23/04, the request for Medical Dispute Resolution by an Independent Review Organization for medical necessity for CPT code E1399 on 8/12/03 has been withdrawn. However, other unresolved fee issues exist in the dispute.

Pursuant to Rule 133.308(s), if an unresolved fee dispute issue exists at the time the Division receives the IRO decision in a dispute, the Division shall then proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 4/9/04, 2004, 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.

**CPT code 97750** for date of service 4/22/03 was denied by the carrier with "N", not appropriately documented. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service (physical performance test). **Reimbursement is recommended in the amount of \$344.**

**CPT code 99371** for date of service 4/25/03 was denied by the carrier with "N", not appropriately documented. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service (telephone call to risk manager to discuss job description/accommodations for further treatment evaluation). **Reimbursement is recommended in the amount of \$11.**

**CPT code A4595** for date of service 9/12/03 was denied by the carrier with "N", not appropriately documented. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. **Reimbursement is recommended in the amount of \$72.02.**

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 as follows:

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- in accordance with Medicare program reimbursement methodologies for dates of service after 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 4/22/03 through 9/12/03 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 Decision and Order is hereby issued this 8<sup>th</sup> day of November 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division