

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 3-22-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 90889 and 97799.

II. FINDINGS

- a. The insurance carrier did not submit a response to the request for medical dispute resolution.
- b. On 4-27-04, 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.
- c. On 10-27-03 and 12-4-03, Cambridge Integrated Services Group, Inc. gave preauthorization approval for 10 sessions of chronic pain management, for a total of 20 sessions.
- d. On 4-22-04, the requestor withdrew CPT code 90889 for date of service 1-22-04.

III. RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified above. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-8-03 11-18-03	90889	\$90.00	\$0.00	No EOB	Unrecognized Code	Rule 134.202	This code is not recognized by MFG, no reimbursement is recommended.
11-4-03 11-5-03 12-4-03 12-5-03 12-8-03 12-9-03 12-10-03 12-12-03	97799	\$750.00	\$0.00	No EOB	ICIC	MAR reimbursement	MAR reimbursement of 11 dates X \$750.00 = \$8250.00 is recommended.

12-15-03 12-16-03 12-18-03							
11-6-03 11-7-03 11-10-03 11-11-03 11-12-03 11-13-03 11-14-03 11-17-03 11-18-03	97799	\$750.00	\$0.00	V	ICIC	Rule 134.600 Rule 133.301(a)	10-27-03 and 12-4-03, Cambridge Integrated Services Group, Inc. gave preauthorization approval for 10 sessions of chronic pain management, for a total of 20 sessions. The insurance carrier is in violation of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon not medically necessary. 9 dates X \$750.00 = \$6750.00 is recommended.
1-13-04 1-22-04	97799	\$125.00	\$0.00	No EOB	ICIC	MAR reimbursement	MAR reimbursement of 2 dates X \$125.00 = \$250.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$15,250.00 .

IV. DECISION & ORDER

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 in the amount of **\$15,250.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$15,250.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4th day of October 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Hilda H. Baker, Manager
Medical Dispute Resolution
Medical Review Division