



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### Retrospective Medical Necessity and Fee Dispute

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: <b>INTEGRA SPECIALTY GROUP, PA</b> <b>517 NORTH CARRIER PARKWAY SUITE G</b> <b>GRAND PRAIRIE TX 75050</b>	MDR Tracking No.: <b>M5-04-2403-01</b>
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  <b>Northern Insurance Co. of New York</b> <b>c/o FOL Box 19</b>	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's position statement dated 3-30-04 states in part, "... we have not received any **explanation of benefits** despite several attempts including request for reconsideration... the carrier initially disputed the compensability of the injury, however, a benefit contested case... ruled that the patient did sustain a compensable injury. The carrier was ordered to pay medical benefits... 04, and 12/16/04. Also, the Carrier has failed to provide any reconsideration response EOB's..."

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Carrier's response dated 4-20-05 states in part, "... For mobilization and manipulation... a manipulation cannot be performed without first mobilizing the joint. Billing for both would be double billing for the same service... Provider is charging travel expenses for Claimant to come to their clinic. Provider is not entitled to reimbursement for this service. Provider is billing for reports that were done daily or every other day... Provider billed for a total evaluation of the body combined with evaluation of the extremities... Claimant did not suffer a compensable injury to the entire body. For the work-hardening reductions, the documentation does not support that all of the units billed were provided. Carrier reduced those bills by one unit..."

#### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
	MN ISSUES WERE WITHDRAWN ON 5-19-05	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by Medical Dispute Resolution.

On 6-23-05, 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.

The following dates of service had no EOBs submitted by either party. Requestor submitted convincing evidence of carrier receipt of request for EOBs per Rule 133.308. Therefore, these dates of service will be reviewed per the 1996 MFG.

Codes 99080-N billed for dates of service 4-7-03, 4-24-03, and 5-14-03. Note: 'N' is an invalid modifier.

- 99080 - The CMS 1500 does not indicate the service associated with this code. This code is a DOP code and the daily notes did not describe any special reports. Therefore, no reimbursement.

Code 99204-MP billed for date of service 4-7-03.

- 99204-MP – Recommend reimbursement of **\$106.00**

Code 99090 billed on date of service 5-21-03, 5-23-03. Daily notes do not support services rendered. No reimbursement.

Code 97750-MT billed for date of service 5-23-03.

- 97750-MT – Per Medicine GR I. E. 3., recommend reimbursement of \$43.00 x 2 body areas = **\$86.00**.

Code 97750-FC billed for date of service 6-4-03 (2 hrs 45 min documented, 3 hrs billed).

- 97750-FC – Per Medicine GR I. E. 2., recommend reimbursement of **\$225.00**.

Codes 97122, 97250, 97265 billed for dates of service 4-7-03 to 4-11-03 (5 days), 4-14-03, 4-16-03 to 4-18-03 (3 days), 4-21-03 to 4-25-03 (5 days), 4-28-03 to 4-30-03, 5-1-03 (4 days), 5-6-03 to 5-9-03 (4 days), 5-12-03 to 5-16-03 (5 days), 5-19-03 to 5-23-03 (5 days), 5-27-03 to 5-29-03 (3 days), 6-2-03 to 6-4-03 (3 days), 6-11-03, 6-17-03, and 6-20-03.

- 97122 - Recommend reimbursement of \$ 35.00 x 41 days = **\$1,435.00**
- 97250 – Recommend reimbursement of \$ 43.00 x 41 days = **\$1,763.00**
- 97265 – recommend reimbursement of \$ 43.00 x 41 days = **\$1,763.00**

Code 99082 billed for dates of service 4-18-03 and 6-27-03 to 7-25-03 is addressed at the local office per Rule 134.6 and not eligible for medical dispute resolution. Therefore, this service will not be addressed.

The following dates of service had no EOBs submitted by either party. Requestor submitted convincing evidence of carrier receipt of request for EOBs per Rule 133.308. Therefore, these dates of service will be reviewed per the 2002 MFG.

Codes 97124 and 97140 billed on dates of service 8-13-03, 10-8-03, 10-17-03, 10-21-03, 10-24-03, 10-29-03, 11-4-03, 11-12-03, 11-20-03, 11-24-03, 12-2-03.

- 97124 – recommend reimb of \$28.44 x 11 days = **\$312.84**
- 97140 – recommend reimb of \$34.05 x 11 days = **\$374.55**

97545-WH billed for date of service 10-7-03. Per Rule 134.202 (5)(C), the MAR is two units. Therefore, the carrier paid inappropriately and the carrier will be billed.

- 97545-WH – MAR is \$102.40. Carrier paid \$51.20. Recommend additional reimbursement of **\$51.20**.

Code 97750-FC billed for date of service 10-8-03. Per medical records submitted, this was the third FCE that can be billed for a max of three hours. The requestor billed two hours.

- 97750-FC – MAR is \$236.40. Recommend reimbursement of **\$236.40**.

Code 97110 billed on dates of service 10-17-03 (3 units billed), 10-21-03 (2 units), 10-24-03 (2 units), 10-29-03 (2 units), 11-4-03 (3 units), 11-12-03 (3 units), and 12-2-03 (3 units).

- 97110 – One-to-one therapy was not documented and the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

Code 99213 billed on dates of service 10-17-03, 10-21-03, 10-24-03, 10-29-03, 11-4-03, 11-12-03, 11-20-03, 11-24-03, and 12-2-03.

- 99213 – recommend reimbursement of  $\$66.19 \times 9 \text{ days} = \$595.71$ .

Code 97012 billed on date of service 12-2-03.

- 97012 – recommend reimbursement of **\$18.90**.

Code 99080-73 billed for dates of service 10-19-03 and 11-19-03.

- 99080-73 – recommend reimbursement of **\$30.00**.

Codes 95831, 95833, 95851, 96004 billed for date of service 8-6-03 were denied as “K, not appropriate healthcare provider”. Per the Texas Chiropractic Board, these services are within the scope of practice of a chiropractor. The carrier will be billed for inappropriate denial.

- Code 95831 is a component of 95833; no reimbursement recommended.
- Code 95851 is a component of 95831; no reimbursement recommended.
- Code 95833 – recommend reimbursement of  $\$52.13 \times 3 = \$156.39$ . Requestor is seeking **\$156.36**.
- Code 96004 – recommend reimbursement of **\$143.95**

97545-WH billed for dates of service 8-18-03, 8-26-03, and 9-25-03 was denied as F, fee guideline MAR reduction. The carrier paid one unit @ \$51.20. Per Rule 134.202 (5)(C), the MAR is two units. Therefore, the carrier paid inappropriately and will be billed for inappropriate denial.

- Recommend reimbursement of  $\$51.20 \times 3 \text{ days} = \$153.60$ .

97545-WH billed for dates of service 8-15-03, 8-20-03, 8-22, 8-25, 8-27, 8-28-03, 9-29-03, 9-30-03, 10-2-03, 10-6-03 was denied as U, F – unnecessary treatment and fee guideline MAR reduction. The carrier paid one hour @ \$51.20. Per Rule 134.202 (5)(C), the MAR is two units. Therefore, the carrier paid inappropriately and the carrier will be billed for inappropriate denial.

- Recommend reimbursement of  $\$51.20 \times 10 \text{ days} = \$512.00$ .

Code 97750 (per CMS 1500) billed for date of service 8-29-03 was denied as M, U – no MAR and unnecessary treatment. Since the carrier made a partial payment, medical necessity has been established. Table of disputed services lists code as 97750-FC; however, bill shows 97750 with no modifier. Documentation submitted supports billing for FCE. Carrier will be billed for inappropriate denial and requestor will be billed for inappropriate billing.

- 97750 – MAR is \$236.40. Carrier paid \$200.00. Recommend additional reimbursement of **\$ 36.40**.

#### **PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 133.308, 134.202, 1996 MFG, 413.020, 129.5

#### **PART VII: DIVISION DECISION AND ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is entitled to additional reimbursement in the amount of \$7,999.91. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Findings & Decision by:

Dee Z. Torres, Medical Dispute Officer

10-13-05

Authorized Signature

Typed Name

Date

Ordered by:

Margaret Q Ojeda, Manager, Medical Necessity  
Team

10-13-05

Authorized Signature

Date

#### **PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**