MDR Tracking # M5-04-2580-01

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 04-19-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213 & 97750-FC billed for dates of service 08/26/03 & 12/1/03.

II. RATIONALE

Updated Table faxed by the requestor eliminated the need for an Independent Review Organization as only fee issues remain.

Review of the requestors' position statement dated 6/10/04 states in part…"These services are necessary…" & "All fee guidelines were followed for these services."

Review of the respondent's position statement dated 6/28/04 states "The provider's TWCC-60 documentation is insufficient to invoke the jurisdiction of TWCC MRD in the following respects. First, the carrier challenges whether the provider submitted a request for reconsideration in accordance with TWCC Rule 133.304 (k). This is required as well by Rule 133.307 (e)(2)(A). Second, the carrier challenges whether the specifically responded to the carrier's EOB(s) by submitting a properly documented and filed request for reconsideration as required by Rule 133.304 (k)(3). Third, there are no original billings attached to the request."

CPT code 99213 for date of service 8/26/03 was reimbursed with PEC code F- Fee Guidelines MAR Reduction. PEC code U- Unnecessary Treatment (without peer review) was also listed, however, because a payment was made, medical necessity has been established. The requestor did submit convincing evidence of carrier receipt of request for reconsideration per Rule 133.307 (g)(3)(A). Furthermore, payment made was not the MAR per TrailBlazer website; therefore, additional reimbursement is recommended as follows:

- $66.19 (MAR x 125%) - $45.23 previously paid = $20.96

CPT code 97750-FC for date of service 12/1/03 was reimbursed with PEC code M- No Mar. This code does have a MAR per TrailBlazer website. In addition, the requestor did submit convincing evidence of carrier receipt of request for reconsideration per Rule 133.307 (g)(3)(A). Therefore, additional payment recommended as follows:

- $36.94 (MAR x 125%) per unit. Requestor is billing for 12 units…
- $443.28 (MAR for 12 units) - $200.00 previously paid = $243.28 recommended payment.

III. 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 of $264.24 for CPT code(s)_99213 & 97750-FC. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$264.24** plus all accrued interest due at the time of payment to the Requestor within 20 days of receipt of this Order.

The above Findings, Decision, and Order is hereby issued this 6th day of April 2005.

Benita Diaz
Medical Dispute Resolution Officer
Medical Review Division

BD/bd