

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 04-21-04.

I. DISPUTE

Whether there should be reimbursement for CPT code 99243 date of service 09-29-03, CPT code 99204 date of service 09-30-03, CPT code 73030 date of service 09-30-03, CPT code 98943 dates of service 10-06-03 through 10-22-03, CPT code 97035 dates of service 10-06-03 through 10-17-03 and CPT code 97140 dates of service 10-20-03, 10-21-03 and 10-22-03.

II. FINDINGS

On 05-14-04, the Division submitted a Notice to the requestor to notify the requestor that based on review of the disputed issues within the request the medical necessity issues were dismissed and the dispute contained unresolved medical fee issues only. Per Rule 133.307, the Notice requested 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 99243 date of service 09-29-03 revealed neither respondent nor requestor submitted a copy of an EOB. The requestor per Rule 133.308(f)(2)(3) submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration. Reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$150.28 (\$120.22 X 125%).

Review of CPT code 99204 date of service 09-30-03 revealed neither respondent nor requestor submitted a copy of an EOB. The requestor per Rule 133.308(f)(2)(3) submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration. Reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$170.13 (\$136.10 X 125%).

Review of CPT code 73030 date of service 09-30-03 revealed neither respondent nor requestor submitted a copy of an EOB. The requestor per Rule 133.308(f)(2)(3) submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration. Reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$40.93 (\$32.74 X 125%).

CPT code 98943 dates of service 10-06-03, 10-07-03 and 10-21-03 denied with denial code "N2" (not appropriate documented). The requestor did not submit documentation to support delivery of service. No reimbursement is recommended.

CPT code 97035 dates of service 10-06-03 through 10-17-03 (10 DOS) denied with denial code "F72" (fee guideline MAR reduction). Per the Medical Fee Guideline effective 08-01-03 reimbursement in the amount of \$155.60 ($\$12.45 \times 125\% = \$15.56 \times 10 \text{ DOS}$) is recommended.

Review of CPT code 98943 dates of service 10-08-03 through 10-22-03 (9 DOS) 03 revealed neither respondent nor requestor submitted a copy of an EOB. Per the Medicare Fee Schedule this is not a valid code. No reimbursement is recommended.

CPT code 97140 date of service 10-20-03 denied with denial code "D91" (duplicate). The carrier did not provide proof this is a duplicate billing. Per the Medical Fee Guideline effective 08-01-03 reimbursement in the amount of \$34.05 ($\$27.24 \times 125\%$) is the MAR. However, the requestor listed \$15.56 on the table of disputed services as the amount in dispute. Reimbursement is therefore recommended in the amount of \$15.56.

CPT code 97140 dates of service 10-21-03 and 10-22-03 denied with denial code "F72" (fee guideline MAR reduction). Per the Medical Fee Guideline effective 08-01-03 reimbursement in the amount of \$68.10 ($\$27.24 \times 125\% = \$34.05 \times 2 \text{ DOS}$) is the MAR. However, the requestor on the table of disputed services listed the amount in dispute as \$15.56 for each DOS. Therefore, the amount recommended for reimbursement is \$31.12 ($\$15.56 \times 2 \text{ DOS}$).

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 codes 99243, 99204, 73030, 97035 and 97140. The requestor **is not** entitled to reimbursement for CPT code 98943.

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 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 09-29-03 through 10-22-03 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)).

MDR Tracking #: M5-04-2629-01

The above Findings and Decision and Order are hereby issued this 3rd day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh