

MDR Tracking Number: M5-04-2770-01

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 5-15-03.

On November 19, 2004, the requestor withdrew date of service 12-12-02 and 12-23-02.

### I. DISPUTE

Whether there should be reimbursement for CPT codes: 97799CP, 99213, 97250, 97530, 99371, 97139AC and 99214.

### II. FINDINGS

- a. The respondent denied reimbursement based upon A – Preauthorization required but not obtained; F – Fee guideline MAR reduction PT codes for 1 or more areas w/no time limit allows 1 unit only; M – No MAR, reduced to fair and reasonable.
- b. Preauthorization was obtained for 2 weeks of chronic pain management on 7-17-02. 10 additional days were preauthorized on 8-8-02.

### III. RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted a copy of a signed certified green card that supports bills were submitted for audit. 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
7-15-02 7-17-02 7-19-02	99213	\$50.00	\$0.00	No EOB	\$48.00	CPT Code Descriptor	MAR reimbursement of \$48.00 X 3 dates = \$144.00 is recommended.
7-15-02 7-17-02 7-19-02	97250	\$43.00			\$43.00		MAR reimbursement of \$43.00 X 3 dates = \$129.00 is recommended.
7-15-02	97530	\$35.00			\$35.00		MAR reimbursement of \$35.00 is recommended.
7-16-02	99371	\$15.00			\$11.00		MAR reimbursement of \$11.00 is recommended.

7-24-02	97799CP	\$1200.00	\$736.00	M	F&R	Section 413.011(d)	\$464.00/day in dispute. Requestor failed to submit documentation to support position that amount billed complied with statute and add'l reimbursement was due.
7-25-02							
7-26-02							
7-29-02							
7-30-02							
7-31-02							
8-1-02							
8-2-02							
8-5-02							
8-6-02							
8-9-02							
8-12-02							
8-13-02							
8-14-02							
8-15-02							
8-16-02							
8-19-02							
8-21-02							
8-23-02							
8-26-02							
9-23-02	97139AC	\$35.00 X 4 = \$140.00	\$280.00	F	F&R		Paid – not in dispute.
12-31-02	99214	\$75.00	\$71.00	F	\$71.00		Paid – not in dispute.
TOTAL							The requestor is entitled to reimbursement of <b>\$319.00.</b>

#### 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 codes, 99213, 97250, 97530, 99371 in the amount of **\$319.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$319.00** 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 1<sup>st</sup> day of December 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division