

**MDR Tracking Number: M5-04-2880-01**

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 07-11-03.

**I. DISPUTE**

Whether there should be reimbursement for CPT codes 97128, 98940, 97014, 99202, 97012, 97620, 99081, 99243 and HCPCS codes E0238, A4556 and L0510 rendered from dates of service 08-09-02 through 01-30-03.

**II. FINDINGS**

On 07-22-04, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also 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**

CPT code 97128 dates of service 08-09-02 through 10-04-02 (10 DOS) denied with denial code "F" (fee guideline MAR reduction). The respondent made no payment. Reimbursement not recommended as this is an invalid CPT code.

CPT code 98940 dates of service 08-09-02 through 12-14-02 (17 DOS) denied with denial code "F" (fee guideline MAR reduction). The respondent made no payment. Reimbursement not recommended as this is an invalid CPT code.

CPT code 97014 dates of service 08-09-02 through 10-26-02 (10 DOS) denied with denial code "D" (duplicate). The carrier did not indicate what service these disputed items were duplicates to in accordance with Rule 133.304 (c). Reimbursement per the 96 Medical Fee Guideline is \$150.00. However the requestor billed \$9.23 for nine (9) dates of service and \$4.61 for one (1) date of service. Reimbursement is recommended in the amount of \$87.68 ( $\$9.23 \times 10 = \$83.07$  plus \$4.61).

HCPCS code E0238 date of service 08-09-02 denied with denial code "D" (duplicate). The carrier did not indicate what service this disputed item was a duplicate to in accordance with Rule 133.304 (c). Reimbursement is recommended in the amount of \$7.00.

HCPCS code A4556 date of service 08-09-02 denied with denial code "D" (duplicate). The carrier did not indicate what service this disputed item was a duplicate to in accordance with Rule 133.304 (c). Reimbursement is recommended in the amount of \$15.00.

CPT code 99202 date of service 08-09-02 denied with denial code "D" (duplicate). The carrier did not indicate what service this disputed item was a duplicate to in accordance with Rule 133.304 (c). Reimbursement is recommended in the amount of \$50.00 per the 96 Medical Fee Guideline.

CPT code 97012 dates of service 08-12-02 through 09-23-02 (8 DOS) denied with denial code "D" (duplicate). The carrier did not indicate what service this disputed item was a duplicate to in accordance with Rule 133.304 (c). Reimbursement per the 96 Medical Fee Guideline is \$160.00 (\$20.00 X 8 DOS). However, the requestor billed \$4.61 for each date of service in dispute. Reimbursement is recommended in the amount of \$36.88 (\$4.61 X 8 DOS).

CPT code 97620 dates of service 09-25-02 through 12-14-02 denied with denial code "F" (fee guideline MAR reduction). The respondent made no payment. No reimbursement recommended as this is an invalid code.

CPT code 99081 date of service 09-27-02 denied with denial code "F" (fee guideline MAR reduction). The respondent made no payment. No reimbursement recommended as this is an invalid code.

CPT code 97014 dates of service 10-04-02 through 12-14-02 (7 DOS) denied with denial code "F" (fee guideline MAR reduction). The respondent made no payment. Reimbursement per the 96 Medical Fee Guideline is \$105.00 (\$15.00 X 7 DOS). However, the requestor billed \$9.23 for each date of service. Reimbursement is recommended in the amount of \$64.61 (\$9.23 X 7 DOS).

CPT code 97012 date of service 10-04-02 denied with denial code "F" (fee guideline MAR reduction). The respondent made no payment. Reimbursement per the 96 Medical Fee Guideline is \$20.00. The requestor billed \$4.61 and this is the recommended reimbursement.

CPT code 99243 date of service 10-08-02 denied with denial code "F" (fee guideline MAR reduction). The respondent made no payment. Reimbursement is recommended in the amount of \$116.00.

HCPCS code L0510 date of service 10-26-02 denied with denial code "D" (duplicate). The carrier did not indicate what service this disputed item was a duplicate to in accordance with Rule 133.304 (c). Reimbursement is recommended in the amount of \$40.00 per the 96 Medical Fee Guideline.

Review of CPT code 97620 dates of service 12-20-02 through 01-30-03 (13 DOS) revealed that neither the requestor nor the respondent submitted EOBs. Per Rule 133.307(e)(2)(B) the requestor did not submit convincing evidence that the carrier was in receipt of the providers request for EOBs. No reimbursement is recommended.

Review of CPT code 98940 dates of service 12-20-02 through 01-30-03 (13 DOS) revealed that neither the requestor nor the respondent submitted EOBs. Per Rule 133.307(e)(2)(B) the requestor did not submit convincing evidence that the carrier was in receipt of the providers request for EOBs. No reimbursement is recommended.

Review of CPT code 97014 dates of service 12-20-02 through 01-30-03 (13 DOS) revealed that neither the requestor nor the respondent submitted EOBs. Per Rule 133.307(e)(2)(B) the requestor did not submit convincing evidence that the carrier was in receipt of the providers request for EOBs. No reimbursement is recommended.

Review of CPT code 99081 date of service 01-22-03 revealed that neither the requestor nor the respondent submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor did not submit convincing evidence that the carrier was in receipt of the providers request for an EOB. No reimbursement is recommended.

#### **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 code 97014 dates of service 08-09-02 through 10-26-02, HCPCS codes E0238 and A4556 date of service 08-09-02, HCPCS code L0510 date of service 10-26-02, CPT code 99202 date of service 08-09-02, CPT code 97012 dates of service 08-12-02 through 09-23-02, CPT code 97014 dates of service 10-04-02 through 12-14-02, CPT code 97012 date of service 10-04-02, CPT code 99243 date of service 10-08-02. The requestor **is not** entitled to reimbursement for CPT code 97128 dates of service 08-09-02 through 10-04-02, CPT code 98940 dates of service 08-09-02 through 12-14-02 and dates of service 12-20-02 through 01-30-03, CPT code 97620 dates of service 09-25-02 through 12-14-02 and dates of service 12-20-02 through 01-30-03, CPT code 99081 date of service 09-27-02, CPT code 97014 dates of service 12-20-02 through 01-30-03 and CPT code 99081 date of service 01-22-03.

#### **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 the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) 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 08-09-02 through 12-14-02 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)).

The above Findings and Decision and Order are hereby issued this 16th day of November 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division