

MDR Tracking Number: M5-04-2945-01

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 3-29-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99204, 97014, 97140-59, 99213, 92100WP, and 99080-73.

II. FINDINGS

- a. The insurance carrier submitted an untimely response to the request for medical dispute resolution.
- b. On 6-30-04, 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.

III. RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified above. 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
9-8-03	99204	\$110.00	\$0.00	N	\$184.23 or lesser amount	CPT Code Descriptor	Office visit report does not meet requirements for billing 99204. No reimbursement is recommended.
9-8-03 9-10-03 9-11-03 9-12-03 9-15-03 9-16-03 9-19-03 9-22-03 9-29-03 10-3-03 10-6-03	97014	\$25.00	\$0.00	No EOB	Unrecognized code	Rule 134.202	Unrecognized code per MFG, will not be considered further.

10-20-03 10-27-03							
9-8-03 9-9-03 9-10-03 9-11-03 9-12-03 9-15-03 9-16-03 9-19-03 9-22-03 9-29-03	97140-59	\$45.00	\$0.00	No EOB	\$30.90	CPT Code Descriptor	MAR reimbursement of \$30.90 X 10 dates = \$309.00 is recommended.
X9-9-03 9-10-03 9-11-03 9-12-03 9-15-03 9-16-03 9-19-03 9-22-03 9-29-03 10-3-03 10-6-03 10-20-03	99213	\$70.00	\$0.00	N	\$59.00	CPT Code Descriptor	Office visit report does not meet requirements for billing 99213. No reimbursement is recommended.
9-9-03	97014	\$25.00	\$0.00	No EOB	Unrecognized code		On 6-29-04, the Requestor withdrew service from dispute.
9-11-03	72100WP	\$80.00	\$0.00	N	\$42.31	CPT Code Descriptor	X-ray report was not submitted to support billed service.
10-3-03 10-6-03 10-20-03 10-27-03	97140-59	\$45.00	\$0.00	N	\$30.90	CPT Code Descriptor	Manual therapy was not documented in office visit notes. No reimbursement is recommended.
9-12-03 9-15-03	99080-73	\$15.00	\$0.00	No EOB	\$15.00	Rule 133.106	MAR reimbursement of \$15.00 X 2 = \$30.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$339.00 .

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, 99080-73 and 97140-59, in the amount of **\$339.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$339.00** 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 4th day of October 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division