

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 06-10-04.

### **I. DISPUTE**

Whether there should be additional reimbursement for 97799-CP for dates of service 09-08-03 through 10-03-03.

### **II. FINDINGS**

The services in dispute for CPT code 97799-CP dates of service 09-08-03 through 10-03-03 were preauthorized and then denied with denial codes "V" (unnecessary with peer review for dates of service 09-08-03 through 09-26-03) and denial code N,M (not appropriately documented and No MAR for dates of service 09-29-03 through 10-03-03). All services will be reviewed as fee issues.

### **III. RATIONALE**

CPT code 97799-CP (120 total units) dates of service 09-08-03 through 09-26-03 (15 DOS) denied with denial code "V" (unnecessary medical with peer review). In accordance with Rule 134.600(h) the requestor provided a copy of the preauthorization letter dated 08-21-03 authorizing 20 visits for pain management. The carrier denied the services for unnecessary medical treatment based on a peer review. Rule 133.301(a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134 of this title". The requestor billed \$125.00 per unit X 120 units = \$15,000.00. The carrier paid \$10,500.00 leaving a balance of \$4,500.00. However, the requestor listed a balance of \$100.00 in dispute for each DOS. Reimbursement is recommended in the amount of \$1,500.00 (\$100.00 X 15 DOS).

CPT code 97799-CP (40 units) dates of service 09-29-03 through 10-03-03 denied with denial code N,M (not appropriately documented and No MAR). The requestor did not submit documentation to support delivery of service. No additional 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 additional reimbursement for CPT code 97799 for dates of service 09-08-03 through 09-26-03. The requestor **is not** entitled to additional reimbursement for CPT code 97799-CP for dates of service 09-29-03 through 10-03-03.

**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 Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202(c), plus 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 09-08-03 through 09-26-03 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)).

The above Findings and Decision and Order are hereby issued this 5th day of November 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh