

MDR Tracking Number: M5-04-3542-01

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 6-14-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 97750, 90889, 99213, 90801, 90825, 90830, 97799CP rendered from 6-23-03 through 10-10-03.

II. FINDINGS

1. The insurance carrier submitted a timely response to the request for medical dispute resolution and indicated in part, There are mixed issues of medical necessity and fee disputes. The TWCC should assign an IRO to resolve the medical necessity disputes and then should proceed forward on the fee disputes.”
2. On July 23, 2004, 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*.

On 7-24-03, the insurance carrier gave preauthorization for 20 visits of pain management. Therefore, the insurance carrier violated Rule 133.301(a) by retrospectively denying the pain management based upon not medically necessary. The pain management will be reviewed in accordance with the *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
6-23-03	97750 (12 units)	\$516.00	\$0.00	N	\$43.00/ 15 min or \$100.00 / hr for FCE	Medicine GR (I)(E)(2)	Report indicates test was a “Whole Body Functional Capacity...for a total of 3 hours.” Report supports an FCE. Reimbursement of \$300.00 is recommended.

6-23-03	90899	\$90.00	\$0.00	N	DOP	CPT Code Descriptor	Unlisted Psychiatric service or procedure - The 6-23-03 report is titled Behavioral Assessment Packet Report supports delivery of service. Reimbursement of \$90.00 is recommended.
6-18-03	99213	\$48.00	\$0.00	No EOB	\$48.00	CPT Code Descriptor MAR	Reimbursement of \$48.00 is recommended.
7-10-03	90801 (180 min)	\$540.00	\$0.00	No EOB	\$3.00 / min	CPT Code Descriptor MAR	Reimbursement of \$540.00 is recommended.
7-10-03	90825 (120 min)	\$240.00	\$0.00	No EOB	\$2.00 / min	CPT Code Descriptor MAR	Reimbursement of \$240.00 is recommended.
7-10-03	90830 (180 min)	\$375.00	\$0.00	No EOB	\$130.00	CPT Code Descriptor MAR	Reimbursement of \$130.00 is recommended.
8-13-03 8-21-03 8-25-03 8-26-03 8-29-03 10-9-03 10-10-03	97799CP	\$1000.00	\$0.00	V	DOP	Rule 133.301(a) CPT Code Descriptor MAR	Reimbursement of \$1000.00 X 7 dates = \$7000.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$8348.00.

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 code(s)97750, 90889, 99213, 90801, 90825, 90830, 97799CP in the amount of **\$8348.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$8348.00** 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 22nd day of September 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis
Medical Dispute Resolution Supervisor
Medical Review Division