

MDR Tracking Number: M5-05-0550-01

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 10-15-04.

I. DISPUTE

Whether there should be reimbursement for CPT code 99080-73 dates of service 12-01-03, 01-04-04, 04-27-04, 04-30-04 and CPT code 99214 date of service 02-27-04.

II. FINDINGS

The medical necessity issues for dates of service 12-01-03 through 12-19-03 were withdrawn on 11-12-04 by the requestor. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 11-23-04 requesting 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 99080-73 dates of service 12-01-03 and 01-04-04 denied with a "V" unnecessary medical treatment based on a peer review. The TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement is recommended in the amount of \$30.00 (\$15.00 X 2).

Review of CPT code 99080-73 dates of service 04-27-04 and 04-30-04 revealed that neither the requestor nor the respondent submitted copies of EOBs. The requestor submitted convincing evidence of carrier receipt of providers request for EOBs per Rule 133.307(e)(2)(B). Reimbursement is recommended in the amount of \$30.00 (\$15.00 X 2).

Review of CPT code 99214 date of service 02-27-04 revealed that neither the requestor nor the respondent submitted copies of EOBs. The requestor submitted convincing evidence of carrier receipt of providers request for EOBs per Rule 133.307(e)(2)(B). Reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$106.36 (\$85.09 X 125%).

V. 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 99080-73 dates of service 12-01-03, 01-04-04, 04-27-04, 04-30-04 and CPT code 99214 date of service 02-27-04.

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 effective August 1, 2003 per Commission rule 134.202(c), 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 12-01-03, 01-04-04, 02-27-04, 04-27-04 and 04-30-04 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 28th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh