

MDR Tracking Number: M5-04-0038-01

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 9/2/03.

I. DISPUTE

Whether there should be additional reimbursement for 97039-CM x 2 and 97139-SS x 5 units, dated 4/9/03 through 5/12/03, reduced on the basis of "M" – fair and reasonable.

II. RATIONALE

All services in dispute have no MAR listed in the 1996 Medical Fee Guideline. Instead they are listed as DOP.

Rule 133.307 (g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. Rule 133.307 (g)(3)(E) requires that any documentation that contains confidential information regarding a person other than the injured employee for that claim or a party in the dispute must be redacted by the party submitting the documentation, to protect the confidential information and the privacy of the individual. Unredacted information shall not be considered in resolving the medical fee dispute.

The requestor failed to submit copies of EOBs supporting that the amount charged for the disputed services should be considered fair and reasonable. On this basis, reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 97039-CM x 2 units and 97139-SS x 5 units.

The above Findings and Decision are hereby issued this 4th day of May 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb