

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 9/4/03.

I. DISPUTE

Whether there should be reimbursement for 97024 x 2, 97110 x 2, 97032 x 3, 97139-PH x 2, 99070 x 2, 99213, 99080-73, 97113 x 2 and 97012 from 9/25/02 through 11/8/02.

II. FINDINGS

The requestor also submitted 97750, dated 11/11/02, which had been denied on the basis of "U" –not medically necessary. The requestor later asked that this service be withdrawn. Therefore, this service will not be included in this finding and decision.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale:
9/25/02	97024	\$39.00	\$0.00	D	\$11.00	Rule 133.307 (g)(3) Rule 133.307 (e)(2)(B)	The requestor failed to furnish copies of medical documentation to support delivery of service as billed. Also, the requestor failed to furnish convincing evidence of their attempt to obtain EOBs with reasons of denial other than "duplicate". On this basis, reimbursement is not recommended.
	97110	\$50.00	\$0.00	D	\$35.00	See above.	See above.
	97032	\$40.00	\$0.00	D	\$22.00	See above.	See above.
	97139-PH	\$50.00	\$0.00	D	DOP	See above.	See above.
	99070	\$24.00	\$0.00	D	DOP	See above.	See above.
9/26/02	99213	\$73.00	\$0.00	D	\$48.00	See above.	See above.
	99080-73	\$15.00	\$0.00	D	\$15.00	See above.	See above.
9/27/02	97024	\$39.00	\$0.00	D	\$11.00	See above.	See above.
	97110	\$50.00	\$0.00	D	\$35.00	See above.	See above.
	97032	\$40.00	\$0.00	D	\$22.00	See above.	See above.
	97032	\$40.00	\$0.00	D	\$22.00	See above.	See above.
	99070	\$12.00	\$0.00	D	DOP	See above.	See above.
	97139-PH	\$50.00	\$0.00	D	DOP	See above.	See above.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale:
	99070	\$24.00	\$0.00	D	DOP	See above.	See above.
10/21/02	97113 x 2 units	\$128.00	\$0.00	F	\$52.00 per unit.	Rule 133.307 (g)(3)	The requestor failed to furnish copies of medical documentation to support delivery of service as billed. On this basis, reimbursement is not recommended.
11/8/02	97012	\$39.00	\$0.00	F	\$20.00	See above.	See above.
TOTALS		\$713.00	\$0.00				Reimbursement is not recommended.

The requestor failed to furnish medical documentations.

Rule 133.307 (g)(3) states,

(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:...

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;

The requestor failed to furnish copies of the original EOBs showing reasons for denial. The requestor failed to furnish “convincing evidence of carrier receipt of the provider requestor for an EOB”.

Per Commission Rule 133.307 (e)(2)(B), “

(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

On this basis, reimbursement is not recommended.

IV. 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 97024 x 2, 97110 x 2, 97032 x 3, 97139-PH x 2, 99070 x 2, 99213, 99080-73, 97113 x 2 and 97012 from 9/25/02 through 11/8/02.

The above Findings and Decision are hereby issued this 12th day of May, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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