

MDR Tracking Number: M5-04-0404-01

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 9/22/03.

I. DISPUTE

Whether there should be additional reimbursement for special supplies - 99070, dated 1/8/03, and office visit - 99213-MP, dated 1/15/03, both reduced per the 1996 Medical Fee Guideline.

II. RATIONALE

The Medical Fee Guideline does not stipulate a MAR for 99070. The carrier established their fair and reasonable price at \$18.33 when paid per the EOB.

Per the Medical Fee Guidelines, General Instructions (I)(A), it is the requestor's responsibility to furnish the necessary DOP for any services without a MAR. The requestor is to furnish information giving a description of service provided, nature, extent and need (diagnosis and rationale) for the service or procedure, time required to perform the service and equipment used.

The requestor made no effort to establish the disputed charge as fair and reasonable. No EOBs from other carriers or other information was offered. Additional reimbursement is not recommended.

Rule 133.301 (b) states, "Neither the insurance carrier nor the carrier's agent shall change a billing code on a medical bill or reimburse treatment(s) and/or services(s) at another billing code's value unless the insurance carrier contacts the sender of the bill and the sender agrees to the change."

No EOB was submitted for disputed service 99213-MP, although the bill was submitted by the requestor. The carrier's response, indicates the carrier reimbursed at the 99212 rate and did not correct it upon reconsideration of the bill. The Table of Disputed Services also support payment at the 99212 rate. The medical report of 1/15/03 verified the service delivered was as billed. Per the Evaluation Management / Ground Rules (IV)(A)(1), the MFG states the MAR for 99213-MP is \$48.00. Per Rule 133.301 (b) reimbursement of \$48.00 less \$32.00 previously paid is recommended.

III. 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 99213-MP in the amount of **\$16.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$16.00** 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 13th day of May 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division