

MDR Tracking Number: M5-04-0419-01

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 10/10/03.

I. DISPUTE

Whether there should be reimbursement for 99204 – New Patient Office Visit, dated 6/24/03, payment denied per contract.

II. RATIONALE

The requestor denies that such a contract exists between the carrier and the provider. The respondent failed to furnish a copy of the contract. On this basis, the disputed service will be reviewed on the basis of the 1996 Medical Fee Guideline. The medical report submitted by the requestor, dated 6/24/03, verifies delivery of service as billed. As per Section 408.21 (a)(1-3), reimbursement of \$106.00, as per Medical Fee Guideline, 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 99204 in the amount of **\$106.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$106.00** 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 day 13th of May 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb