

MDR Tracking Number: M5-04-0420-01

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 99213-MP and 99214-MP from 10/4/02 through 11/13/02.

II. FINDINGS

Under Rule 133.307 (d)(1) services older than 365 days are outside Commission jurisdiction. Therefore, all services prior to 10/10/02 will not be included in this Decision.

Disputed services from 10/4/02 through 11/13/02 were denied by the carrier for lack of medical necessity. The requestor failed to pay the IRO fee and subsequently these services were dismissed as per Commission Rule 133.308.

The remaining services of 10/18/02, 10/21/02, 10/23/02 and 10/30/02 were submitted without Explanation of Benefits (EOBs). The requestor documented their unsuccessful attempts to secure the EOBs per Rule 133.307(e)(2)(B); therefore, these services will be reviewed per the 1996 Medical Fee Guideline.

III. RATIONALE

No medical documentation was submitted by either the requestor or respondent for the remaining disputed dates of service. The Commission is unable to verify delivery of service or that the services provided meet the guidelines set forth in the 1996 Medical Fee Guideline. On this basis, reimbursement is not recommended.

IV. DECISION

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 99213-MP and 99214-MP.

The above Findings and Decision are hereby issued this 15th day of June, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division