

MDR Tracking Number: M5-04-0600-01

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 10/27/03.

I. DISPUTE

Whether there should be reimbursement for office visit with manipulation 99213-MP, neuromuscular re-education 97112, myofascial release 97250 and therapeutic procedures 97110 from 12/9/02 through 1/24/03.

II. FINDINGS

The dates of service 12/9/02 through 1/3/03 were denied on the basis of medical necessity. The requestor failed to pay the required IRO fee. These dates of service were subsequently dismissed by the Commission as per Rule 133.308 (q)(1)(B). Therefore, they will not be reviewed in this decision.

III. RATIONALE

Dates of service 1/6/03 through 1/24/03 were not accompanied by medical records to support the delivery of service as billed as required by Rule 133.307 (g)(3)(B-D), which 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:

(A) documentation of the request for and response to reconsideration (when a provider is requesting dispute resolution on a carrier reduction or denial of a medical bill) or, if the carrier failed to respond to the request for reconsideration, convincing evidence of the carrier's receipt of that request;

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

The requestor did not submit EOBs stating the initial reason for denial of service or “convincing evidence of the carrier’s receipt of that request;...”

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 office visit with manipulation 99213-MP, neuromuscular re-education 97112, myofascial release 97250 and therapeutic procedures 97110.

The above Findings and Decision are hereby issued this day of May 14th 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb