

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 10-30-03. Per Rule 133.308(e)(1) dates of service 10-22-02 and 10-24-02 were not timely filed.

I. DISPUTE

Whether there should be reimbursement for dates of service 10-22-02 through 11-26-02.

II. FINDINGS

On 02-17-04, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues for dates of service 11-05-02 through 11-26-02 were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT code 64550 on date of service 11-05-02 denied with an F denial code. The charge is reviewed per Rule 133.307(g)(3)(A-F). The requestor submitted relevant information to support delivery of service. Reimbursement is recommended in the amount of \$202.00.

IV. DECISION AND 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 CPT code 64550 in the amount of \$202.00

The above Findings and Decision and Order are hereby issued this 26th day of May 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh