

MDR Tracking Number: M5-04-0647-01

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 10/30/03.

I. DISPUTE

Whether there should be reimbursement for 99213, 97110, 97010, 97250, 97035, 97265, 99215, E1399, 99211 from 10/29/02 through 5/22/03 denied on the basis of lack of medical necessity.

II. FINDINGS

Per Commission Rule 133.307(d)(1) services earlier than 10/30/02 will not be reviewed; therefore, the services of 10/29/02 will not be included in this decision.

With the exception of the service of 2/12/03 (99213) all other services were denied on the basis of lack of medical necessity. The requestor failed to pay the IRO fee and therefore per Rule 133.308, the Commission dismissed the medical necessity dispute for all other services. Only the services of 2/12/03 will be reviewed in this dispute as an EOB was not submitted.

III. RATIONALE

Per Commission Rule 133.307 (e)(2)(B), “(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;”

An EOB was not submitted for the 2/12/03 date of service. The requestor did not submit convincing evidence of an attempt to obtain the missing EOB.

Rule 133.307 (g)(3) 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:...

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

The requestor was given the opportunity to submit additional information after being notified that the only remaining services in dispute were fee disputes. The requestor failed to submit the required medical documentation. 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.

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

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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