

M5-04-0721-01

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 11/6/03.

I. DISPUTE

Whether there should be reimbursement for 97032, 97035, 97012, 97250, 97110, 99211, 95904, 95900, 97530, 95860 and 95935 from 1/21/03 through 6/4/03.

II. FINDINGS

All disputed services with exception of 95900, 95904, 95935 and 95860, dated 4/30/03 were dismissed by the Commission for failure to pay the IRO fee as required per Rule 133.308. Therefore, only the services of 4/30/03 will be addressed in this finding.

III. RATIONALE

The disputed services of 4/30/03, 95900, 95904, 95935 and 95860, were denied by the carrier on the basis of "K" – not applicable HCP.

The services were billed under the name of Neches Rehabilitation and Testing Incorporated of Beaumont, TX. The dispute was filed under the name of Health and Medical Practice Associates of Beaumont, TX. The street address for both health care providers is identical at 324 N. 23rd Street, Suite 201.

Communication with Health and Medical Practice Associates confirmed that the complete name of the organization is Neches Rehabilitation and Testing, Inc. dba Health and Medical Practice Associates. This was confirmed by the requestor with the attached tax documentation.

On this basis, the disputed services of 4/30/03 should be reimbursed as follows:

95900 x 4 units @ \$64.00 a unit. (MAR per Medical Fee Guideline)
95904 x 6 units @ \$64.00 a unit. (MAR per Medical Fee Guideline)
95935 x 4 units @ \$53.00 a unit. (MAR per Medical Fee Guideline)
95860 x 1 unit @ \$113.00 a unit for a total of \$965.00. (MAR per Medical Fee Guideline)

IV. 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 95900, 95904, 95935 and 95860 in the amount of **\$965.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$965.00** 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 ____15th__ day of June, 2004.

Medical Dispute Resolution Officer
Medical Review Division