

MDR Tracking Number: M5-04-1004-01

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 12-01-03.

I. DISPUTE

Whether there should be reimbursement for code 97010 and code 97139-TN on date of service 05-23-03 and for code 97014 on date of service 06-06-03.

II. FINDINGS

The medical necessity issues for dates of service 05-01-03 through 07-07-03 were withdrawn on 01-22-04 by Marian Harrist, Insurance Clerk for Dr. Sharma. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 04-29-04 requesting 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

No explanation of benefits were submitted for CPT codes 97010, 97139-TN or 97014. The requestor did not submit relevant information to support delivery of service. No reimbursement is 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 CPT codes 97010, 97139-TN or 97014.

The above Findings and Decision are hereby issued this 13th day of May 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh