

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 12-09-03.

### **I. DISPUTE**

Whether there should be additional reimbursement for code L3670 on date of service 07-17-03.

### **II. FINDINGS**

On 01-28-04 the medical necessity issues for dates of service 07-17-03 were withdrawn by Patrick Mack from Oxymed, Inc. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 02-03-03 to submit additional documentation necessary to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**

HCPCS code L3670 on date of service 07-17-03 was partially paid with a denial code of "M – Fair and Reasonable. The requestor did not submit relevant information to support the services billed. No additional 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 additional reimbursement for HCPCS code L3670.

The above Findings and Decision are hereby issued this 5th day of October 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh