

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 December 23, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97032 and 97035 rendered on August 5, 2003; no EOB's were submitted by either party.

II. FINDINGS

On 4/12/04, the medical necessity issues were dismissed due to non-payment of the IRO fees. On 4/12/04, a Notice was faxed to 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 this Notice.

III. RATIONALE

Position statements were not submitted by either party.

- **CPT Code 97032** – Per §133.307(e)(2)(A) the Requestor did not submit a copy of the medical bill as originally submitted to the Carrier for reconsideration in accordance with §133.304; therefore, reimbursement is not recommended.
- **CPT Code 97035** – Per §133.307(e)(2)(A) the Requestor did not submit a copy of the medical bill as originally submitted to the Carrier for reconsideration in accordance with §133.304; therefore, reimbursement is not recommended.

III. 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 97032 and 97035.

The above Findings and Decision is hereby issued this 7th day of June 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd