

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 1-2-04.

**I. DISPUTE**

Whether there should be reimbursement for CPT codes: 99213, 97265, 99215, 99213MP, 99211 , 97250, 99080-73, 98941, 97012, 98940 rendered from 1-13-03 through 9-9-03.

**II. FINDINGS**

1. The insurance carrier submitted an untimely response to the request for medical dispute resolution and will not be considered in this decision.
2. On March 23, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

**III. RATIONALE**

On March 1, 2004, TWCC ordered the requestor to pay for the Independent Review Organization fee, non-compliance would result on dismissal of medical necessity issue. The provider failed to comply with the order and medical necessity issue was dismissed.

The respondent accepted the lumbar injury as work related. The insurance carrier incorrectly denied services based upon "R". Services denied based upon "R" will be reviewed in accordance with *Medical Fee Guideline* MAR.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-13-03 1-16-03 1-30-03 2-27-03 3-4-03 3-26-03 4-3-03 5-8-03	99213	\$50.00	\$0.00	R	\$48.00	CPT CODE MAR	MAR reimbursement of 8 dates X \$48.00 = \$384.00.
1-13-03 1-16-03 1-30-03 2-27-03	97265	\$43.00	\$0.00	R	\$43.00	CPT CODE MAR	MAR reimbursement of 8 dates X \$43.00 = \$344.00.

3-4-03							
3-26-03							
4-3-03							
5-8-03							
5-8-03	99080-73	\$15.00	\$0.00	R	\$15.00	Rule 133.106	MAR reimbursement of \$15.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$743.00</b> .

**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 CPT code(s) 99213, 97265, 99080-73 in the amount of **\$743.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$743.00** 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 22<sup>nd</sup> day of September 2004.

Elizabeth Pickle  
 Medical Dispute Resolution Officer  
 Medical Review Division