

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 2/12/04.

I. DISPUTE

The Requestor submitted a letter dated 3/17/04 withdrawing CPT code 99213. Whether there should be reimbursement of \$15.00 for CPT code 99080-73, completion of a TWCC-73 Work Status Report. The Carrier's original EOB dated 6/09/03 denied reimbursement as "V" – Unnecessary Treatment (with peer review). Their reconsideration EOB dated 7/03/03 denied reimbursement as "DUPQ DUPL – These services have already been considered for reimbursement'.

II. FINDINGS

Pursuant to Rule 133.308(i)(8), the Commission previously dismissed the medical necessity components as the file contained only unresolved medical fee issues. On 3/18/04, 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

According to TWCC Rule 133.106(a), the doctor shall charge the Carrier no more than the fair and reasonable fee for required medical reports. The Requestor billed \$15.00 for completion of a Work Status Report (TWCC-73) in accordance with TWCC Rule 133.106(f). The Carrier has not reimbursed for this service. Therefore, reimbursement is recommended in the amount of \$15.00.

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 99080-73 in the amount of **\$15.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$15.00** 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 26th day of April 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division
PD/pd