

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 2-18-04.

Dates of service prior to 2-18-03 were submitted untimely per Rule 133.308 and will not be considered further in this decision.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 97110, 97150, 97113, L3999, 99070, 99358-52 and 97113 rendered from 4-23-03 through 5-8-03.

II. FINDINGS

1. The insurance carrier submitted a timely response to the request for medical dispute resolution.
2. On 4-14-04, the TWCC notified the healthcare provider to pay the IRO fee pursuant to an Order, non-compliance would result in dismissal of medical necessity issues. The provider failed to pay the IRO fee and medical necessity issues are dismissed.
2. On 4-27-04, 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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-23-03	L3999	\$85.00	\$0.00	N	DOP	General Instructions GR (III)	Report documents service per MFG, reimbursement of \$85.00 is recommended.
4-23-03	99070	\$48.00	\$0.00	N	DOP		Report documents service per MFG, reimbursement of \$48.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$133.00 .

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 codes, L3999 and 99070 in the amount of **\$ 133.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$133.00** 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 22nd day of September 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division