

MDR Tracking Number: M5-04-1802-01

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 2-17-04.

**I. DISPUTE**

Whether there should be reimbursement for CPT code 99080.

**II. FINDINGS**

- a. The insurance carrier did not submit a response to the request for medical dispute resolution.
- b. On 4-12-04, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-7-03	99080 (159)	\$79.50	\$0.00	E, R, U	\$0.50 / pg	Section 408.027(d) Rule 133.106 Rule 133.2(a)	The carrier failed to submit a TWCC-21 with TWCC disputing the compensability of service; therefore, E and R denials are invalid.  Copies of medical records is not a medical necessity issue subject for review by an IRO. This service will be reviewed in accordance with relevant statute.  The Commission ordered claimant to attend a medical examination with Dr. B. N. Lakshmikanth and ordered requestor to provider medical records; therefore, payment of \$79.50 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$79.50</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 (99080) in the amount of **\$79.50**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$79.50** 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 13<sup>th</sup> day of October 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division