

MDR Tracking #: M5-04-1804-01

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 February 18, 2004.

I. DISPUTE

Whether there should be reimbursement for the 99214-office visit rendered on 03-24-03 and for the 99213 office visits rendered from 03-25-03 through 04-15-03.

III. RATIONALE

CPT code 99214, billed for date of service 03-24-03 was denied as "N- not appropriately documented". The requestor submitted relevant information that supports the documentation criteria and delivery of service as billed. Therefore, reimbursement recommended in the amount of \$71.00.

CPT code 99213, billed for dates of service 03-25-03 through 04-15-03 was denied as "N- not appropriately documented". The requestor submitted relevant documentation that supports the documentation criteria and delivery of service as billed for dates of service from 03-25-03 through 04-15-03.

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) 99214 and 99213 in the amount of **\$695.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$695.00** 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 19th day of November 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division