

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 2-24-04.

I. DISPUTE

Whether there should be reimbursement for A4595 rendered on 9-12-03 in the amount of \$72.02.

II. FINDINGS

The requestor withdrew all disputed services that were denied based upon “U – Not Medically Necessary.” Also, the respondent paid for date of service 10-10-03, the only service remaining dispute is A4595 rendered on 9-12-03.

The respondent submitted a response to the request for medical dispute resolution and indicated that payment would be made for date of service 10-10-03

III. RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted a copy of a signed certified green card that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
9-12-03	A4595	\$103.00	\$0.00	No EOB	F&R, TWCC-60 indicates \$72.02 in dispute	CPT Code Descriptor	The insurance carrier did not dispute amount billed did not comply with statute. Recommend reimbursement of \$72.02.

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 (A4595) in the amount of **\$ 72.02**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$72.02** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR Tracking Number: M5-04-1865-01

The above Findings, Decision and Order are hereby issued this 10th day of November 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division