

## MDR Tracking Number: M5-04-2997-01

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. The disputed date of service 5-9-03 is untimely and ineligible for review per TWCC Rule 133.308 (e)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the date of service in dispute. This dispute was received on 5-11-04. The requestor withdrew disputed date of service 10-20-03.

### I. DISPUTE

Whether there should be reimbursement for CPT code 99213-MP rendered on 5-20-03 through 8-7-03.

### II. RATIONALE

Review of the requestors' position statement dated 5-6-03 states in part, "The above DOS were resubmitted on 11/25/03. As of today, the only EOB that we received was for DOS 10/20/03. All the other dates of service were already paid..."

The respondent did not submit a position statement.

Code 99213-MP rendered on 5-20-03, 6-24-03, 7-14-03, and 8-7-03 had no EOBs submitted by either party. Rule 133.307(e)(2)(B) states each copy of the request for medical dispute resolution shall include a copy of each explanation of benefits (EOB) or if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB. Requestor submitted signed green card as proof. Per Rule 133.307 (e)(3)(B), upon receipt of the request, the respondent shall provide any missing information to include missing EOBs not submitted by the requestor. The respondent did not provide the missing EOBs. Therefore, this review will be per the 1996 Medical Fee Guidelines for dates of service 5-9-03 through 7-14-03 and per Rule 134.202 for date of service 8-7-03. The -MP modifier is not valid after 8-1-03.

Recommend reimbursement of \$48.00 per day for dates of service 5-20-03 through 7-14-03 (\$48.00 x 3 = \$144.00).

Recommend reimbursement of \$52.95 x 125% = \$66.19 for date of service 8-7-03.

### III. 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 99213-MP in the amount of **\$210.19**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$210.19** 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 15th day of December 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt