

MDR Tracking Number: M5-04-3734-01

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 6-30-04.

Dates of service prior to 6-30-03 were submitted untimely per Rule 133.307 and will not be considered further in this decision.

The requestor withdrew date of service 3-29-04 that was denied based upon "V."

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99213, 99080-73 rendered on 12-23-03 through 1-23-04.

II. FINDINGS & RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12-23-03 1-23-04	99213	\$115.00	\$47.20 \$61.97	F,C	\$59.00 \$61.98	CPT Code MAR	Requestor's stated that "We are not contracted to accept discounts on Workers' Comp. rates." Therefore, MAR reimbursement is recommended of \$59.00 minus amount paid of \$47.20 = \$11.80. Date of service 1-23-04 MAR reimbursement of \$61.98 minus \$61.97 = \$.01 is recommended.
	99080-73	\$15.00	\$12.00	F, C	\$15.00	Rule 129.5(d)	The 12-23-03 TWCC-73 does not reveal any changes in claimant's work status from 10-24-02 TWCC-73 report to support filing and billing of report per Rule 129.5(d). Both reports reveal claimant was able to return to work with 25 pound lifting restriction. Therefore, a refund of \$12.00 is recommended. A report to support compliance with statute was not submitted; therefore, no reimbursement is recommended.

TOTAL			The requestor is entitled to reimbursement of \$11.81, the insurance carrier is entitled to a refund of \$12.00. The difference is a refund of \$.19 to the carrier.
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IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the respondent **is** entitled to a refund of \$.19. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Requestor to refund **\$.19** plus all accrued interest due at the time of payment to the Respondent within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 1st day of December 2004.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division