

MDR Tracking Number: M5-04-4160-01

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 2-9-04.

I. DISPUTE

Whether there should be reimbursement for CPT code 99080-61 and 99080-73 on 2-27-03 and 99080-64 on 5-6-03 and 99080-73 on 5-8-03.

II. FINDINGS

The Medical Review Division dismissed the medical necessity request due to untimely payment of the IRO fee by the health care provider. Therefore, the file contains unresolved medical fee issues only. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 8-31-04 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. These medical fees are discussed in Section III.

III. RATIONALE

The carrier denied CPT Code 99080-61 on 2-27-03 with an R denial code. The carrier was disputing the compensability of this injury. A BRC on 7-20-04 ruled that this is a compensable injury. However, per the 96 MFG General Instructions, VIII. B. "A copy of the form (99080-61) shall accompany the bill." No form was submitted. **Recommend no reimbursement.**

The carrier denied CPT Code 99080-73 on 2-27-03 with an R denial code. The carrier was disputing the compensability of this injury. A BRC on 7-20-04 ruled that this is a compensable injury. **Recommend reimbursement of \$15.00.**

No EOB's were submitted by either the carrier or the requestor for CPT code 99080-64 on 5-6-03. A review of the file reveals that no form was submitted to support delivery of service in accordance with Rule 133.307 (g)(3)(A-F). **No reimbursement is recommended.**

No EOB's were submitted by either the carrier or the requestor for CPT code 99080-73 on 5-8-03. A review of the reconsideration HCFAs and certified mail receipt reflected proof of billing in accordance with 133.307 (e)(2)(B). **Recommend reimbursement of \$15.00.**

IV. DECISION AND ORDER

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003; plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 2-27-03 and 5-8-03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 28th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division