

## **MDR Tracking Number: M5-04-4316-01**

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 8-23-04.

### **I. DISPUTE**

Whether there should be additional reimbursement for E0236-RR-KH and E0249-NU for date of service 12-03-03.

### **II. FINDINGS**

The medical necessity issues for dates of service 12-03-03 were withdrawn on 09-20-04 from STATCARE. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 09-16-04 requesting the requestor to submit additional documentation necessary to support the fee charges and to challenge the respondent to submit reasons for denied reimbursement within 14 days of the requestor's receipt of the Notice.

### **III. RATIONALE**

The requestor nor respondent submitted explanation of benefits for HCPCS codes E0236-RR-KH and E0249-NU for date of service 12-03-03. Reimbursement in the amount of \$44.25 for HCPCS code E0236-RR-KH and \$99.60 for HCPCS E0249-NU is recommended for a total recommended reimbursement of **\$143.85**.

### **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for HCPCS codes E0236-RR-KH and E0249-NU for date of service 12-03-03.

### **V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031 and 413.019 Pursuant to §§402.042, 413.016, 413.031, and 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) 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 date of service 12-03-03 in this dispute.

The above Findings and Decision and Order are hereby issued this 4<sup>th</sup> day of October 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh