

MDR Tracking #: M5-05-1125-01

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 December 13, 2004.

I. DISPUTE

Whether there should be reimbursement for dates of service 1/28/04 through 8/09/04.

II. FINDINGS

On 2/10/05, the medical necessity issues were dismissed due to non-payment of the IRO fees. On 1/19/05, a Notice was faxed to the Requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the Respondent had denied reimbursement within 14 days of the requestor's receipt of this Notice.

III. RATIONALE

Neither the Requestor nor the Respondent submitted EOBs for the services listed below. Since the Carrier did not raise the issue that they had not had the opportunity to audit these bills and did not submit copies of EOBs, the Medical Review Division will review these services per the Medical Fee Guideline.

CPT code 97112; Dates of service – 7/06/04, 7/09/04, 7/14/04, 7/20/04, 7/21/04, 7/26/04, 2/04/04, 2/27/04, 3/10/04, 3/12/04, 3/17/04, 3/19/04, 3/24/04, 3/29/04, 4/02/04, 4/05/04, 4/07/04, and 6/30/04.

CPT code 97530; Dates of service – 7/06/04, 7/14/04, 7/20/04, 7/21/04, 2/03/04, 2/04/04, 2/09/04, 2/13/04, 3/01/04, 3/05/04, 3/10/04, 3/19/04, 3/24/04, 3/29/04, 4/05/04, 4/07/04, and 6/30/04.

CPT code 99214; Dates of service – 7/09/04, 3/08/04, and 3/22/04.

CPT code 97110; Dates of service – 7/09/04, 7/14/04, 1/28/04, 2/04/04, 2/25/04, 4/02/04, and 4/05/04.

CPT code 97140; Dates of service - 1/28/04, 2/03/04, 2/04/04, 2/06/04, 2/11/04, 2/13/04, 2/27/04, 3/01/04, and 3/05/04.

The Requestor did not submit convincing evidence that shows the Carrier was in receipt of the Provider's request for EOBs in accordance with Rule 133.308 (f)(3); therefore, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT codes 97112, 97530, 99214, and 97110, and 97140.

The above Findings and Decision is hereby issued this 28th day of February 2005.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd