

MDR Tracking Number: M5-03-0551-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.307 a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above.

The requestor withdrew dates of service 12-14-01 and 5-7-02. The only date remaining in dispute is 1-28-02.

On April 3, 2003, 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.

Based on Commission Rule 133.305(d)(1-2), the only date of service eligible for review is 1-28-02.

The requestor sought reimbursement for an office visit coded 99213 for the amount of \$48.00. The insurance carrier denied reimbursement but did not submit an audit summary explaining basis of denial. Therefore, the service will be reviewed in accordance with *Medical Fee Guideline*.

The requestor submitted a report to support billed service per *Medical Fee Guideline*; therefore reimbursement of \$48.00 is recommended.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$48.00 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 dates of service 10-10-01 through 6-14-02 in this dispute.

This Order is hereby issued this 29th day of July, 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division