

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 3/20/02.

I. DISPUTE

Whether there should be reimbursement for joint mobilization 97265, myofascial release 97250-58, office visit 99213, therapeutic procedures 97110, electrical stimulation 97032, muscle testing 97750-MT and analysis of computer information 99090 from 5/10/01 through 5/14/01.

II. FINDINGS

The requestor withdrew all services disputed for medical necessity occurring on 5/8/01, 5/15/01 and 5/21/01. Only services denied for on the basis of the Medical Fee Guideline are being reviewed. Those services denied per the Medical Fee Guideline occurred on 5/8/01, 5/15/01 and 5/21/01

III. RATIONALE

As stated, the dispute was received by the Commission on 3/20/02. At that time the table of Disputed services submitted by the requestor indicated no EOBs were submitted for services occurring on 5/10/01 through 5/14/01. Both parties later supplemented the dispute package with the missing EOBs. The carrier receipt date as indicated on the EOB was 7/15/02, four months after the disputed was filed with the Commission. The requestor submitted documentation supporting that they had made a good faith effort to obtain the EOBs prior to filing the dispute.

Commission Rules 133.307(j)(2) states, "The response shall address only those denial reasons presented to the requestor prior to the date the request for medical dispute resolution was filed with the division and the other party. Responses shall not address new or additional denial reasons or defenses after the filing of an request. Any new denial reasons or defenses raised shall not be considered in the review."

The information submitted by both the requestor and respondent indicate that the disputed services were reviewed after the dispute was submitted. On this basis, the services in dispute will be reviewed based solely upon the Medical Fee Guideline. The requestor submitted SOAP notes verifying delivery of service for all disputed services.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 97265 X3, 97250 X4, 99213 X1, 97110 X8, 97032 X2 and 99080 X1 in the amount of **\$781.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$781.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of October, 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb