

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 Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/05/02.

I. DISPUTE

Whether there should be reimbursement of \$242.53 for dates of service 12/19/01; 1/7/02; 2/11/02 and 3/11/02 per the Requestor's Table of Disputed Services.

II. RATIONALE

The Carrier states in their position statement they denied reimbursement as not reasonable and necessary. The Carrier did not submit EOBs to support their denial per Rule 133.304 (c). Therefore, this dispute will be reviewed as a fee dispute.

In review of this dispute, the Requestor has submitted Pharmacy receipts for dates of service: 12/19/01, 120 tab 10/500 HYDRO-APAP in the amount of \$59.59; 1/7/02, Rx # 4438920 (only the Rx # was on the receipt) in the amount of \$42.68; 2/11/02, 120 tab 10/500 HYDRO-APAP in the amount of \$59.95; and 3/11/02, 120 tab 10/500 HYDRO-APAP in the amount of \$59.95 per Rule 133.307 (f). Per the Requestor's Table of Disputed Services the amount in dispute is \$242.53. However, the amount was calculated incorrectly and should be \$222.53.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$ 222.53**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$222.53** to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 13th day of May 2003.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd