

MDR Tracking Number: M5-03-0989-01

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 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 12-9-02.

This case was forwarded to an IRO for review pursuant to Rule 133.308. On 6-10-03 an Order for Payment of IRO fee was sent to provider. The provider did not comply with Order; therefore, the services denied based upon not medically necessary were dismissed.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services, (99213, 97250, 97110, 97032), that were denied based upon “No EOB” rendered from 9-17-02 through 10-10-02. Neither party submitted EOBs for these services; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

On July 1, 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.

The provider did not submit medical records to support billed services per *Medical Fee Guideline*. Therefore, reimbursement is not recommended.

This Decision is hereby issued this 16th day of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division