

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 January 23, 2003.

I. DISPUTE

1. Whether there should be reimbursement for CPT code 99213-MP for dates of service October 10, 2002 through November 18, 2002.

II. RATIONALE

- CPT code 99213-MP was denied for "R – Relation to injury disputed" for dates of service 10/10/02 through 10/18/02; for date of service 11/18/02 neither party submitted an EOB. The insurance carrier did not submit a copy of a TWCC-21 denying the disputed dates of service as related to the compensable injury; further review reveals a TWCC-21 has not been filed. A response, to the requestor's additional information, submitted by the respondent received by Texas Workers' Compensation Commission reveals the claims management service incorrectly denied the disputed dates of service and to "stop further confusion", the respondent states they would "like to offer payment of these dates of service". The requestor's agent was contacted and payment has not been received as of May 27, 2003. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1)(b), office notes submitted for the disputed dates of service support services were rendered as billed. Reimbursement in the amount of \$240.00 (48.00 x 5) is recommended.

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 for CPT code 99213-MP in the amount of \$200.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$240.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 28th day of May 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division
MF/mf