

MDR Tracking Number: M5-03-1346-01

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 133.307, 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 1/30/03.

I. DISPUTE

Whether there should be additional reimbursement for 97110 from 1/28/02 through 4/5/02.

II. FINDINGS

Per Rule 133.307 (c) and (d) "A request for medical dispute resolution of a medical fee dispute must be timely filed with the commission's Medical Review Division (division).

(d) Timeliness. A person or entity who fails to timely file a request waives the right to medical dispute resolution. The commission shall deem a request to be filed on the date the division receives the request, and timeliness shall be determined as follows:

- (1) A request for medical dispute resolution on a carrier denial or reduction of a medical bill pursuant to §133.304 of this title (relating to Medical Payments and Denials) or an employee reimbursement request shall be considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute."

Therefore, all disputed services prior to 1/30/02 are not within Commission jurisdiction and will not be reviewed.

III. RATIONALE

Rule 133.307 (g)(3) states,

(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:...

- (B) a copy of any pertinent medical records or other documents relevant to the fee dispute;

The requestor was given the opportunity to submit the additional information, including medical documentation for each date of service, to verify delivery of service. The requestor failed to do so. Therefore, reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 97110.

The above Findings and Decision are hereby issued this 27th day of April, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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