

MDR Tracking Number: M5-03-1915-01

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 3/31/03.

I. DISPUTE

Whether there should be reimbursement for office visits – 99213 and supplies and materials - 99070 from 9/10/02 through 1/22/03.

II. RATIONALE

Neither the requestor or the respondent submitted copies of EOBs explaining the reasons for denial of the disputed services. On this basis, the disputed services will be reviewed based upon the 1996 Medical Fee Guideline.

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:

(A) documentation of the request for and response to reconsideration (when a provider is requesting dispute resolution on a carrier reduction or denial of a medical bill) or, if the carrier failed to respond to the request for reconsideration, convincing evidence of the carrier's receipt of that request;”

The requestor failed to submit “convincing evidence” that an attempt had been made to obtain the missing EOBs. On this basis, reimbursement is not recommended.

III. DECISION

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 office visits - 99213 and supplies and materials – 99070.

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

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NLB/nlb