

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 April 29, 2003.

I. DISPUTE

Whether there should be reimbursement for office visits and TWCC-73's for dates of service 05/02/02 and 06/06/02.

II. FINDINGS

The case was originally docketed as a medical necessity dispute and submitted to the IRO on May 29, 2003. On June 17, 2003 and order for payment of an independent review organization fee was faxed to the requestor; noncompliance by the healthcare provider to the pay the IRO fee resulted in dismissal of the medical necessity issue of the office visit on June 6, 2002.

III. RATIONALE

An EOB was submitted for date of service 06/06/02 denying the office visit and a TWCC-73 as not medically necessary; therefore, the office visit for this date of service will not be reviewed. Per Rule 133.106(f)(1) the TWCC-73 submitted on this date of service is a Commission required report and will be reviewed.

An EOB was not submitted by either party for the disputed date of service 05/02/02 and will be reviewed per Commission Rules and the 1996 Medical Fee Guideline.

- CPT Code 99080-73 – Per Commission Rule 133.106(f)(1) submitted reports for dates of service 05/02/02 and 06/06/02 supports delivery of service as billed. Reimbursement in the amount of \$30.00 (\$15.00 x 2) is recommended.
- CPT Code 99213 – Per the 1996 Medical Fee Guideline, Evaluation and Management Guideline (IV)(C)(2) submitted SOAP note supports delivery of service as billed. Reimbursement in the amount of \$48.00 is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99213 and 99080-73 in the amount of \$78.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$78.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 29th day of April 2004.

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