

MDR Tracking Number: M5-03-2180-01

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 5/1/03.

## I. DISPUTE

Whether there should be reimbursement for 97545-WH, 97546-WH, 99213, 95851, 97265, 97250, 97122, 97750-MT, 97110 from 10/24/01 through 10/31/02.

## 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 5/1/02 are not within Commission jurisdiction and will not be reviewed.

Additionally, the requestor submitted a letter, dated 6/5/03, withdrawing the dispute for services dated 5/12/02; therefore, this date of service will not be included in this Decision.

Finally, the following dates of service:

6/4/02, 6/12/02, 7/12/02, 8/6/02, 8/16/02, 9/17/02, 10/16/02 and 10/31/02

had EOBs indicating that payment had been made by the carrier and will therefore, not be included in this Decision.

### III. RATIONALE

Per Commission Rule 133.307 (e)(2)(A-B), “

2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5/15/02	99213	\$48.00	\$0.00	No EOB	\$48.00	Rule 133.307 (e)(2)(A)	An EOB was not submitted for this service. Neither was a copy of the bill submitted as required by Rule 133.307. The Commission is unable to confirm the service was billed to the carrier. On this basis, reimbursement is not recommended.
	95851	\$38.00	\$0.00	No EOB	\$36.00	See above.	See above. Reimbursement is not recommended.
5/21/02	99213	\$48.00	\$0.00	No EOB	\$48.00	See above.	See above. Reimbursement is not recommended.
	99213	\$48.00	\$0.00	No EOB	\$48.00	See above.	See above. Reimbursement is not recommended.
TOTAL		\$182.00	\$0.00		\$180.00		The requestor is not entitled to reimbursement.

### IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to additional reimbursement for 99213 and 95851, dated 5/15/02 and 5/21/02.

The above Findings and Decision are hereby issued this 7<sup>th</sup> day of July, 2004.

Noel L. Beavers  
 Medical Dispute Resolution Officer  
 Medical Review Division

NLB/nlb