

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 05-14-03. Medical necessity issues for dates of service 02-17-03 through 02-26-03 were dismissed due to nonpayment of the IRO fee.

I. DISPUTE

Whether there should be reimbursement for code 99080-73 and code 99213.

II. FINDINGS

On 07-28-03, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT code 99080-73 on dates of service 07-31-02, 01-26-03 and 03-26-03 denied for no explanation of benefits submitted. Per Rule 133.307 (g)(3)(A-F) the requestor submitted relevant information to support delivery of service for date of service 03-26-03. No relevant information was submitted for dates of service 07-31-02 or 01-26-03. Reimbursement is recommended in the amount of \$15.00 for CPT code 99080-73 for date of service 03-26-03. CPT code 99213 for dates of service 08-02-02, 02-10-03 and 03-19-03 denied for no explanation of benefits. Per Rule 133.307 (g)(3)(A-F) the requestor failed to submit relevant information to support delivery of the services. No reimbursement is recommended.

IV. DECISION AND 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 code 99080-73 in the amount of \$15.00 for date of service 03-26-03. Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 07-31-02 through 03-26-03 in this dispute.

The above Findings and Decision and Order are hereby issued this 18th day of March 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division