

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 6-30-03.

### **I. DISPUTE**

Whether there should be reimbursement for codes 97024, 97014, 97035, 97124, and 97110 billed on 4-30-03 through 5-7-03 and denied as "N – no documentation to support post op rehab and HEP as ordered by surgeon."

### **II. RATIONALE**

On 9-9-03, 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. The progress notes did not support documentation criteria and delivery of service per Rule 133.307(g)(3)(A-F). No reimbursement 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 CPT codes.

The above Findings and Decision are hereby issued this 30th day of April 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division