

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 7-31-03.

## I. DISPUTE

Whether there should be reimbursement for CPT codes 97014, 99213, 97010, 97110, 97530, 99215, 97035, 99070, 99080-73, 99214, and 97265 on dates of service 12-6-02 through 4-24-03.

## II. FINDINGS

On 9-18-03, 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)(B) and subsequently, the medical necessity issues were dismissed. In accordance with Rule 133.308(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

The requestor failed to submit relevant information to support components of the fee dispute in accordance with Rule 133.307(g)(3)(A-F). No reimbursement recommended.

## 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 reimbursement for CPT codes 97014, 99213, 97010, 97110, 97530, 99215, 97035, 99070, 99080-73, 99214, and 97265 on dates of service 12-6-02 through 4-24-03.

The above Findings and Decision are hereby issued this 23rd day of March 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division