

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-7320.M5

MDR Tracking Number: M5-03-3287-01

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 4/24/03.

I. DISPUTE

Whether there should be reimbursement for 99213, 97010, 97014 and 97124 from 5/15/02 through 10/11/02.

II. FINDINGS

All disputed services from 5/15/02 through 10/11/02 were denied by the carrier on the basis of "E" – entitlement (non-compensable). A thorough search of Commission records could find no evidence that a TWCC-21 had been filed by the carrier disputing entitlement or compensability.

Rule 124.3(c) Texas Labor Code, §409.021 and subsection (a) of this section do not apply to disputes of extent of injury. If a carrier receives a medical bill that involves treatment(s) or service(s) that the carrier believes is not related to the compensable injury, the carrier shall file a notice of dispute of extent of injury (notice of dispute). The notice of dispute shall be filed in accordance with §124.2 of this title and be filed not later than the earlier of:

- (1) the date the carrier denied the medical bill; or
- (2) the due date for the carrier to pay or deny the medical bill as provided in Chapter 133 of this title.

On this basis, the disputed services will be reviewed on the basis of the 1996 Medical Fee Guideline.

III. RATIONALE

1. Copies of EOBs were submitted for each date of service.
2. Copies of HCFAs were submitted by the requestor for each date of service with the following exceptions: 7/23/02, 7/24/02 and 7/26/02.

3. No copies of medical documentation was submitted by the requestor to verify delivery of service.

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;

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

Rule 133.307 (g)(3) states,

(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:...

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;

The requestor met the guidelines of Rule 133.307 (e)(2)(A-B); however, by not submitting copies of the medical reports the requestor violated Rule 133.307 (g)(3). On this basis, reimbursement is not 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 99213, 97010, 97014 and 97124.

The above Findings and Decision are hereby issued this 2nd day of June 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb