

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 8/18/03.

I. DISPUTE

Whether there should be reimbursement for 99213, 97265, 97530 and 99070 from 7/22/02 through 1/10/03.

II. FINDINGS

The requestor submitted an updated Table of Disputed Services to the Commission on 5/21/04, identifying the remaining disputed services as from 7/22/02 through 1/10/03. All services prior to 8/18/02 are not within Commission jurisdiction as per Rule 133.307(d)(1) and will not be included in this Decision.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10/11/02	99213	48.00	0.00	G	48.00	Section 408.021 (e)(2)(A)(i)	Denied as Global to another procedure. Per the billing record and SOAP note of 10/11/02 no other service other than the office visit was provided by the requestor. Reimbursement of \$48.00 is recommended.
10/14/02	99213	48.00	48.00	N/A	48.00	N/A	Per EOB paid by the carrier. No additional reimbursement is recommended.
	97265	43.00	43.00	N/A	43.00	See above.	See above.
	97530	70.00	70.00	N/A	70.00	See above.	See above.
10/15/02	99213	48.00	48.00	N/A	48.00	See above.	See above.
1/10/03	99070-AS-D	100.00	4.53	F	DOP	MFG Ground Rules (III)(A)	There is no MAR for this service per the MFG. The requestor did not provide information to support their bill as required for a DOP service. Additional reimbursement is not recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1/10/03	99070-ST-S	10.00	0.00	G	DOP	MFG, SGR, (V)(B)(1)	The medical report of 1/10/03 identified that trigger point injections were done with the use of a surgical tray. Per the MFG, the surgical tray is billable. DOP is not necessary for services less than \$50.00. Reimbursement of \$10.00 is recommended.
Totals							Reimbursement of \$58.00 is recommended.

IV. DECISION & 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 99213 and 99070-ST in the amount of **\$58.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$58.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of May 2004.

Noel L. Beavers
 Medical Dispute Resolution Officer
 Medical Review Division

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