

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-04-3245-01**

MDR Tracking Number: M5-03-3331-01

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 8/20/03.

I. DISPUTE

Whether there should be additional reimbursement for 97265, 97250, 97122, 97110, L3800, 95851, A4558, 99213, 73221-27-22, 99214, 97750 and 97750-MT, dated from 1/14/03 through 3/6/03, denied or reduced on the basis of "F" – per Medical Fee Guideline and "H" – reimbursement is based upon half of the fee amount pending decision of audit or review.

II. FINDINGS

The service dated 3/6/03 – 97750-MT was denied by the carrier on the basis of "R" - not related to the compensable injury. The respondent was disputing the compensability of injuries to the right elbow and right shoulder. At a contesting case hearing, dated 6/19/03, the Commission found that the right elbow and right shoulder were compensable injuries. Therefore, this service will be reviewed per the Medical Fee Guideline.

III. RATIONALE

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 was given the opportunity to submit these required medical reports and failed to do so. On this basis, reimbursement is not recommended.

IV. DECISION & ORDER

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 97265, 97250, 97122, 97110, L3800, 95851, A4558, 99213, 73221-27-22, 99214, 97750 and 97750-MT.

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

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb