## MDR Tracking Number: M5-03-3349-01

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 <u>Medical Dispute Resolution-General</u>, and 133.307, titled <u>Medical Dispute Resolution of a</u> <u>Medical Fee Dispute</u>, 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 8/22/03.

## I. DISPUTE

Whether there should be additional reimbursement for 99358-52, 97110, 99213, 97750-MT, 97799-MR, 95851, 99241, 99214, 99080-73 and 97750-FC from 3/13/03 through 6/24/03.

## **II. RATIONALE**

With the exception of services delivered 5/5/03, EOBs were not submitted by either the requestor or respondent explaining reasons for denial or reductions of the above captioned services. The EOB of 5/5/03 also did not offer an explanation of denial, only that the services were "denied after reconsideration".

Rule 133.307 (g)(3)(A) states, "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:

(A) documentation of the request for and response to reconsideration (when a provider is requesting dispute resolution on a carrier reduction or denial of a medical bill) or, if the carrier failed to respond to the request for reconsideration, convincing evidence of the carrier's receipt of that request;

The Commission's review of all documentation submitted by either the requestor or respondent failed to find "convincing evidence" of the requestor's attempt to secure the EOBs from the carrier. On this basis, reimbursement is not 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 99358-52, 97110, 99213, 97750-MT, 97799-MR, 95851, 99241, 99214, 99080-73 and 97750-FC.

The above Findings and Decision are hereby issued this 7<sup>th</sup> day of July 2004.

Noel L. Beavers Medical Dispute Resolution Officer Medical Review Division