

MDR Tracking Number: M4-05-0179-01

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 9-2-04.

I. DISPUTE

Whether there should be reimbursement for CPT code 99213 which was denied with F by the insurance carrier. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service and the carrier did not reimburse partial payment or give a rationale for not doing so.

II. RATIONALE

The insurance carrier did not pay these services according to the Medicare Fee Schedule for Dallas County. Recommend payment as follows:

		<u>Additional Reimbursement</u>
CPT code 99213	\$68.24 MAR	\$6.26

IV. DECISION & ORDER

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 3-25-04 as outlined above in this dispute.

The above Findings, Decision and Order are hereby issued this 27th day of January 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division