

MDR Tracking Number: M4-05-0948-01 (**Previously M4-04-8570-01**)

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 dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above. This dispute was received 12-11-03.

This AMENDED FINDINGS AND DECISION supersedes M4-04-8570-01 rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 10-7-04. An Order was rendered in favor of the Requestor. The Respondent appealed the Order to an Administrative Hearing.

I. DISPUTE

Whether there should be reimbursement for CPT codes 90801, 90885, and 90889 rendered on 8-5-03.

II. FINDINGS AND RATIONALE

a. Requestor:

“Rule 133.307(j)(2) says that at MDR, the reviewer's ‘response shall address only those denial reasons presented to the requestor prior to the date the initial request for medical dispute resolution was filed with the division and the other party. Response SHALL NOT address new or additional denial reasons or defenses after the filing of an initial request. Any new denial reasons or defenses raised SHALL NOT be considered in the review.”

b. Respondent:

“Provider seeks additional reimbursement for treatment and service for date of service 8/5/03...For the reasons set forth below, the TWCC does not have jurisdiction to consider this request for medical dispute and Provider is not entitled to additional reimbursement. Provider Has No Standing Ro Request Medical Dispute in That Provider Failed to Properly Request Reconsideration From Carrier.”...Because Claimant has failed to submit evidence to show that it requested reconsideration from Carrier regarding its bill for date of service 8/05/03 or that it complied with the requirements of Rule 134.304(k) in requesting reconsideration from Carrier as required if it did request reconsideration, it has not afforded Carrier the opportunity to reimburse, deny or reduce the billed charges...”

- c. Rule 133.307(e)(2)(B) states each copy of the request for medical dispute resolution shall include a copy of each explanation of benefits, (EOB) or if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB. The requestor submitted copies of bills marked “Request for Reconsideration,” certified mail receipt, and Letter to Compliance and Practice.
- d. The following table identifies the disputed services and Medical Review Division's rationale:

No EOB: Neither party in the dispute submitted EOBs for the disputed services; therefore, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
8-5-03	90801	\$480.00	\$0.00	No EOB	\$152.70 X 125% = \$190.88	Dallas County MAR	The MDR recommends payment of MAR of \$190.88.
	90885	\$180.00					Per Ingenix Encoder Pro, these codes are bundled with code 90801. Therefore, these codes are not paid separately and no reimbursement is recommended.
	90889	\$360.00					
TOTAL							The requestor is entitled to reimbursement of \$190.88 .

III. AMENDED 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 CPT code (90801) in the amount of **\$190.88**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$190.88** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Findings and Decision are hereby issued this 27th day of October 2004.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division