

MDR Tracking Number: M4-05-0983-01

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 10/07/04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213 (billed for date of service 12/16/03) and A4595 (billed for date of service 01/12/04).

II. RATIONALE

Review of the requestors' position statement dated 10/28/04 states the carrier did not respond to initial submissions of claims or to requests for reconsiderations.

Respondent did not submit a position statement.

Per Rule 133.307 (e)(2)(B), the requestor has submitted convincing evidence of carrier receipt of the provider request for an EOB. The requestor has also submitted documentation to support services rendered; therefore reimbursement is recommended per Rule 134.202 (c)(2)(A) & (d) (1-3) and as follows:

- \$59.00 for 99213 (\$47.20 x 125%)
- \$72.02 for A4595 for two units (\$28.81 x 125%, x 2)

III. 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 of \$131.02 for CPT code(s) 99213 and A4595. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$131.02** plus all accrued interest due at the time of payment to the Requestor within 20 days of receipt of this Order.

The above Findings, Decision, and Order is hereby issued this 31st day of January 2005.

Medical Dispute Resolution Officer
Medical Review Division