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 Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of $2,668.42 for date of service, 11/01/01.

   b. The request was received on 03/20/02.

II. EXHIBITS

1. Requestor, Exhibit I:

   a. Initial Submission of TWCC-60
      1. Position statement dated 01/24/02
      2. UB 92
      3. EOB(s)
      4. Carrier re-audit determination, dated 01/03/02
      5. Patient insurance notes
   b. Additional documentation requested on 06/10/02 and received on 06/18/02
      1. UB 92
      2. EOB(s)
      3. Carrier re-audit determination, dated 01/03/02
      4. Patient insurance notes
      5. Operative Report
   c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

   a. Response statement, dated 07/09/02
   b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/26/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 06/26/02. The response from the insurance carrier was received in the Division on 07/10/02. Based on 133.307 (i) the insurance carrier's response is timely.

4. Notice of letter requesting additional information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 01/24/02

   "…I do not understand how the carrier can give us verbal authorization for the charges and then after the procedure is done and charges are incurred, they can deny them. I believe this was an error on the carrier's part for giving the initial verbal approval without preauthorization and that our procedure should be processed for payment."

2. Respondent: Letter dated 07/09/02

   "…A review of the requestor's dispute packet does not reveal a request for an outpatient stay to perform a discogram nor does it include any evidence of an approval for an outpatient stay to perform a discogram. Further review of the requestor's packet includes what appears to be a transaction log, including an entry for the date of dervice in dispute – 11/1/01 – where someone alleges verbal was given but not authorization number is given. This is inconsistent with (Carrier's) policy and practice. In an 11/16/01 note on the transaction log, it appears the requestor has actually sent reports to and contacted the commission, not the carrier, '12/21 per sue [sic] @ twcc…' Despite the confusion, it is clear that there is no evidence of a request for preauthorization concerning an outpatient stay to perform a discogram, no letter of authorization and no authorization number. Further, there is no medical emergency as evidenced by the record and no order by the commission. Therefore, the carrier maintains its position that no reimbursement is due."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/01/01.

2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier $2,668.42 for services rendered on the date of service in dispute above.

4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor $0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as "A – PREAUTHORIZATION REQUIRED BUT NOT REQUESTED."

5. A re-audit performed by the Carrier, dated 01/03/02 states, "Preauthorization was not obtained as required by TWCC Rule 134.600."

6. Per the Requestor's Table of Disputed Services, the amount in dispute is $2,668.42 for services rendered on the date of service in dispute above.

7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
11/01/01	62290	$2,668.42	$0.00	A	$303.00/level	TWCC 134.600 (h) (2); MFG; SGR; CPT Descriptor	Pursuant to TWCC 134.600 (h) (2), outpatient surgical or ambulatory surgical services require preauthorization. The Provider did not submit a hard copy showing they had received the Carrier's preauthorization approval for the outpatient procedure billed. Therefore, no reimbursement is recommended.
Totals		$2,668.42	$0.00				The Requestor **is not** entitled to reimbursement.

The above Findings and Decision are hereby issued this 1st day of October 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt