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 reimbursement of $467.00 for date of service 11/12/01.

   b. The request was received on 03/21/02.

II. EXHIBITS

1. Requestor, Exhibit I:

   a. TWCC 60 and Letter Requesting Dispute Resolution dated 03/13/02
   b. HCFA(s)
   c. TWCC 62 form
   d. Medical Records
   e. 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. TWCC 60 and/or Response to a Request for Dispute Resolution dated 07/15/02
   b. TWCC 62 form
   c. 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 06/28/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 07/01/02. The response from the insurance carrier was received in the Division on 07/15/02. Based on 133.307 (i) the insurance carrier's response is timely.

4. Notice of Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: states in the correspondence dated 03/13/02 that…

   "Numerous attempts have been made to collect outstanding balance on this account with telephone calls, letters of appeals, and/or complete authorization for services obtained in our Functional Restoration Associates Facility."

2. Respondent:

> "In its request for dispute resolution, Provider acknowledges that the test required preauthorization pursuant to the version of TWCC Rule 134.600(h)(1) that was in effect on the date of service. In an apparent attempt to establish that preauthorization was granted., Provider attaches to its request a collection of documents under heading 'Pre-Authorization Information.' That section of the request contains notes of telephone conversations with Carrier's claims representative. But those notes do not show that Carrier preauthorized the service. To the contrary, they show that Carrier's claim representative told Provider only that Carrier would pay for treatment that was reasonable and necessary ('R&N'). Provider has furnished no written confirmation of preauthorization from Carrier, and Provider has furnished no preauthorization number because Carrier did not provide any. Carrier simply did not preauthorize the disputed service. Therefore, Provider is not entitled to payment for the service."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date (s) of service eligible for review is 11/12/01.

2. The denial code listed on the EOB is "A-PREAUTHORIZATION REQUIRED BUT NOT REQUESTED."

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

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
11/12/01	93350	$467.00	$0.00	A	$467.00	TWCC Rule 134.600(h)(1)	According to the referenced Rule, pre-authorization must be obtained for the services billed. The Provider did not submit any evidence that pre-authorization was obtained. Therefore, reimbursement is not recommended.
Totals		$467.00	$0.00				The Requestor **is not** entitled to reimbursement.

The above Findings and Decision are hereby issued this 9th day of October 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb