THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: SOAH DOCKET NO. 453-03-2383.M5

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 for preauthorized surgery.

   b. The request was received on June 12, 2002

II. EXHIBITS

1. Requestor, Exhibit 1:

   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFA's
   c. EOB
   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 2:

   a. TWCC 60 and/or Response to a Request for Dispute Resolution
   b. HCFA's
   c. Audit summaries/EOB
   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.

3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on December 19, 2002. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.

4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Position statement not included with initial request or additional information.

2. Respondent: Position statement not included with initial response, which was submitted on June 14, 2002.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is February 5, 2002.

2. Review of the submitted documentation revealed that preauthorization was requested on January 24, 2002. The carrier's representative ___ signed the preauthorization approval on January 29, 2002, Preauthorization number: INV2160621.

3. Review of the Operative Report dated February 5, 2002 reveals the following procedures were administered: **1)** Bilateral laminectomy L2-L3, L3-L4, L4-L5, L5-S1, S1-S2, with foraminotomies L2, L3, L4, L5, S1 and S2 bilaterally; **2)** Excision herniated lumbar disc L3-L4, L4-L5, L5-S1; **3)** Sacroiliac graft; 4**)** Anterior fusion from posterior approach L3-L4, L4-L5, L5-S1 using 13x24 Ray cages; 5**)** Exploration of fusion area with excision of fibrosus pseudoarthorsis S1-S2; 6**)** Lateral transverse fusion L3-L4, L4-L5,L5-S1, S1-S2; **7)** EBI bone stimulation of lateral transverse fusion L3-S2; **8)** Posterolateral posterior facet fusion L3-L4, L4-L5, L5-S1, S1-S2; 9**)** Bilateral lateral instrumentation L3-S1 with bilateral ¼ " rods and double crosslinks; **10)** Insertion of epidural catheter; **11)** Fat graft L2-S2; and **12)** Excision of spinous process portions of L2, complete of L3, complete of L4, complete of L5 and most of S1.

4. 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$ (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
02/05/02	63047-L2	$4,000.00	$0.00	V	$3,540.00	Rule 133.301(a)	Preauthorization (INV2160621) was obtained. Operative report supports services rendered as billed; therefore, reimbursement in the amount of $3,540.00 is recommended.

02/05/02	63048-S1	$900.00	$0.00	V	$708.00	Rule 133.301(a)	Preauthorization (INV2160621) was obtained. Operative report supports services rendered as billed; therefore, reimbursement in the amount of $708.00 is recommended.
02/05/02	22630-L3	$3,500.00	$0.00	V	$1,650.00	MFG, SGR (I)(D)(b) Rule 133.301(a)	Preauthorization (INV2160621) was obtained. Operative report supports services rendered as billed; therefore, reimbursement in the amount of $1,650.00 is recommended.
02/05/02	22650-L4	$1,300.00	$0.00	V	$637.00	Rule 133.301(a)	Preauthorization (INV2160621) was obtained. Operative report supports services rendered as billed; therefore, reimbursement in the amount of $637.00 is recommended.
02/05/02	22625-L3	$3,050.00	$0.00	V	$2,529.00	Rule 133.301(a)	Preauthorization (INV2160621) was obtained. Operative report supports services rendered as billed; therefore, reimbursement in the amount of $2,529.00 is recommended.
02/05/02	22650-L4	$1,950.00	$0.00	V	$637.00	Rule 133.301(a)	Preauthorization (INV2160621) was obtained. Operative report supports services rendered as billed; therefore, reimbursement in the amount of $637.00 is recommended.
02/05/02	22842	$5,983.00	$0.00	V	$3,400.00	Rule 133.301(a)	Preauthorization (INV2160621) was obtained. Operative report supports services rendered as billed; therefore, reimbursement in the amount of $3,400.00 is recommended.

02/05/02	20975	$500.00	$0.00	V	$455.00	Rule 133.301(a)	Preauthorization (INV2160621) was obtained. Operative report supports services rendered as billed; therefore, reimbursement in the amount of $455.00 is recommended.
Totals		$21,183.00	$0.00				The Requestor **is** entitled to reimbursement in the amount of **$13,556.00.**

The above Findings and Decision are hereby issued this 15th day of January 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $13,556.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 15th day of January 2003.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

MF/mf