

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 for ambulatory surgical services.
- b. The request was received on June 19, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. UB-92
 - c. EOB
 - d. 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. UB-92
 - c. Audit summaries/EOB
 - d. Preauthorization and Preauthorization Denials
 - e. 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 faxed a request for additional documentation relevant to the fee dispute on January 31, 2003. Per Rule 133.307(g)(3)(F) the requestor did not submit additional information within the 14 days as required by this ruling.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor's rationale for increased reimbursement as noted on the Table of Disputed Service was that "Preauth received services".
2. Respondent: On the response to the initial TWCC-60 the respondent noted that "UB92, EOB's, Peer review, PreCert requests, Letter to ____, EOB's from ____."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is December 26, 2001.
2. The disputed issue is additional reimbursement for ambulatory surgical care. Per the UB-92 the requestor billed \$5,533.98 the respondent paid a total of \$323.00 leaving a remaining balance of \$5,210.98.
3. Per Rule 134.600(a)(1), preauthorization was obtained and documented as preauthorization number: 187756F1
4. Per Rule 133.301(a), which states that the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment and/or service for which the health care provider has obtained preauthorization.
5. Per Rule 133.1(a)(8)(B) and 413.011, the requestor did not submit any relevant documentation to support the services were rendered as billed, i.e. the operative report, or documentation, i.e. redacted EOB's, to support the amount billed is their usual and customary amount charge for the epidural steroid injection; therefore, reimbursement is not recommended.

The above Findings and Decision are hereby issued this 24th day of February 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf