

MDR Tracking M5-02-3092-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September 1, 1993 and Commission Rule 133.305 titled Request for Medical Dispute Resolution, a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for CPT codes 20550, J2000 and J0702.
- b. The request was submitted on 6-28-02.

II. EXHIBITS

1. **Requestor:**
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA-1500
 - 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:**

The insurance carrier did not submit a response to the request for medical dispute resolution.

III. PARTIES' POSITIONS

1. **Requestor:**

“See attach Documentation RE: Injection –12/20/01 call that day would not give a pre-cert # pt was in severe pain. See P.N.. Thank you.”

2. **Respondent:**
 - a. The insurance carrier did not submit a response to the request for medical dispute resolution.

- b. Based upon the audit summaries, the insurance carrier denied reimbursement for the disputed services based upon: “A-Preauthorization required but not requested; and U- The service rendered is integral to a service requiring pre-authorization, where pre-authorization was not sought or approval was not obtained for the required service, therefore, reimbursement is not allowed.”

IV. FINDINGS

1. Based on Commission Rule 133.305(d)(2), the only dates of service eligible for review is 12-20-01.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
12-20-01	20550	\$347.94	\$0.00	A	\$40.00 each	Rule 134.600	Based upon the progress note, “Patient had chronic postoperative pain in the cervical area and presents today with increasing discomfort over the past three days. Patient describes that she has been using local heat, Lidoderm Patches and medications as described below. She is now to the point where she is unable to really rotate the head at all.” The documentation does not support a medical emergency per Rule 134.600(h)(a)(1). No reimbursement is recommended.

	J2000 J0702	\$9.00 \$8.00		U	DOP	Rule 133.304 (d), (h) and (l) TWCC-62 form	Based upon the TWCC-62 form, "U – Unnecessary treatment (without peer review) Used when the IC is denying payment because the IC deems the t/s to be medically unreasonable and/or unnecessary, and the IC is NOT basing that judgment on a peer review." The insurance carrier's rationale on the EOB denial is based upon lack of preauthorization not medical necessity. The medical necessity for the substance injected in trigger point injection is not supported.
Totals							The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 3rd day of January, 2003.

Elizabeth Pickle, Medical Dispute Resolution Officer
Medical Review Division