

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. This dispute was received on September 16, 2002.

### **I. DISPUTE**

1. Whether there should be additional reimbursement for ambulatory surgical care.

### **II. FINDINGS**

Dispute was initially docketed as a medical necessity as the EOB dated 10/09/01 denied some of the facility charges as unnecessary medical treatment; since preauthorization was requested and approved per Rule 133.301(a) medical bills may not be retrospectively reviewed for medical necessity after preauthorization has been given. The requestor seeks additional reimbursement for date of service September 20, 2001. Total amount billed was \$4,152.26; the respondent paid \$1,278.95, leaving a balance of \$2,873.31.

### **III. RATIONALE**

Per Rule 413.011 the requestor did not submit redacted EOBs or other methodology showing the amount billed was fair and reasonable; therefore, reimbursement is not recommended.

### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Medical Review has determined that the requestor **is not** entitled to reimbursement for ambulatory surgical care.

The above Findings, Decision and Order are hereby issued this 12th day of May 2003.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf