

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 Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/21/03.

I. DISPUTE

Whether there should be reimbursement for Chronic Pain Management for dates of service 4/16/03, 4/17/03, 4/21/03, and 4/22/03. The Carrier denied reimbursement as “V & A – Not medically necessary and no preauth was obtained.”

II. FINDINGS

Pursuant to Rule 133.308(i)(8), the Commission previously dismissed the medical necessity components as the file contained only unresolved medical fees issues. On 1/07/04, a Notice was faxed to the Requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the Respondent had denied reimbursement within 14 days of the Requestor’s receipt of this Notice.

III. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
4/16/03	97545-WH	\$102.40 (2 units)	\$0.00	V, A	\$51.20	TWCC Rule 134.600(h)(9); 133.307(e)(A); 133.307(g)(B); 133.301(a)	In accordance with Rule 134.600 the Requestor requested and received pre-authorization for 20 sessions of Work Hardening with preauthorization number 03108689MI. The Carrier shall not retrospectively review the medical necessity of a medical bill for services for which the health care provider has obtained pre-authorization. The Requestor has not submitted HCFA’s for dates of service in dispute in accordance with Rule 133.307(e)(A). Also, relevant medical documentation was not submitted to support the delivery of service in accordance with Rule 133.307(g)(B). Therefore, reimbursement is not recommended.
	97546-WH	\$307.20 (6 units)	\$0.00	V, A	\$51.20		
4/17/03	97545-WH	\$102.40 (2 units)	\$0.00	V, A	\$51.20	TWCC Rule 134.600(h)(9); 133.307(e)(A); 133.307(g)(B); 133.301(a)	Same as rationale above.
	97546-WH	\$307.20 (6 units)	\$0.00	V, A	\$51.20		

4/21/03	97545-WH	\$102.40 (2 units)	\$0.00	V, A	\$51.20	TWCC Rule 134.600(h)(9); 133.307(e)(A); 133.307(g)(B); 133.301(a)	Same as rationale above.
	97546-WH	\$307.20 (6 units)	\$0.00	V, A	\$51.20		
4/22/03	97545-WH	\$102.40 (2 units)	\$0.00	V, A	\$51.20	TWCC Rule 134.600(h)(9); 133.307(e)(A); 133.307(g)(B); 133.301(a)	Same as rationale above.
	97546-WH	\$307.20 (6 units)	\$0.00	V, A	\$51.20		
Totals		\$1,638.40	\$0.00				The Requestor is not entitled to reimbursement.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor **is not** entitled to reimbursement.

The above Findings and Decision is hereby issued this 26th day of May 2004.

Pat DeVries
 Medical Dispute Resolution Officer
 Medical Review Division

PD/pd