

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 1/16/04.

### I. DISPUTE

Whether there should be reimbursement for date of service 7/24/03. The Carrier denied reimbursement as “V – Unnecessary treatment (with Peer Review)\$0.00. Reimbursement has been denied based upon the recommendation of a Peer Review.”

### II. FINDINGS

On 2/18/04, a Notice was faxed to the Requestor dismissing the medical necessity portion of the dispute and requesting 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

**Date of Service 7/24/03; CPT Codes 99070-ST (\$99.40), 99070-AS (\$429.30), 99499-RR (\$300.00), 72020-27 (\$50.00 billed; MAR \$20.00; \$16.00 in dispute), and 7600-27 (\$238.00 billed; MAR \$88.00)**

The Requestor sought pre-authorization for a series of 3 Epidural Steroid Injections and was given pre-authorization number 1056387. The Carrier’s Utilization Review Agents are to determine preauthorization and retrospective review for medical necessity according to Title 28 of the Texas Administrative Code, Subchapter U, 28 TAC §§19.2000-19.2021. The Carrier denied reimbursement as unnecessary medical treatment based on a Peer Review. Per TWCC Rule 133.301 (a), “The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under...” Relevant medical documentation was submitted to show delivery of services as billed. On this basis, reimbursement is recommended in the amount of \$932.70 (\$99.40 + \$429.30 + \$300.00 + \$16.00 + \$88.00 = \$932.70).

### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for CPT codes 99070-ST, 99070-AS, 99499-RR, 72020-27 and 76000-27 in the amount of **\$932.70**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$932.70** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR: M5-04-1386-01

The above Findings, Decision and Order are hereby issued this 17<sup>th</sup> day of June 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PD/pd