

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 2-9-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99203, 62311, 72275, 99141, 76005, and 99213 rendered from 10-8-03 through 12-1603.

II. FINDINGS

1. The insurance carrier submitted an untimely response to the request for medical dispute resolution and will not be considered in this decision.
2. On May 12, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified above. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

On 10-16-03, the insurance carrier gave preauthorization for two (2) Lumbar ESIs. On 11-11-03, the insurance carrier gave preauthorization approval for one (1) Cervical ESI. Therefore, the insurance carrier violated Rule 133.301(a) by retrospectively denying the injections based upon not medically necessary. The injections will be reviewed in accordance with the *Medical Fee Guideline*.

On 4-27-04 an Order for Payment of Independent Review Organization Fee was submitted via facsimile to the requestor ordering payment or the healthcare denied based upon "V" would be dismissed. The provider failed to pay the IRO fee; therefore, the following medical necessity issues were dismissed: 10-8-03 code 99203; 10-20-03, 11-3-03, 11-17-03 and 12-8-03 code 72275, 99141, 76005; 11-5-03, 11-26-03 code 99213; and 12-8-03 code 62310.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-20-03 11-3-03	62311	\$415.82	\$0.00	V	\$300.19 or lesser amount. Per TWCC-60 the amount in dispute is \$88.44	Rule 133.301(a)	Reimbursement of \$88.44 X 2 = \$176.88 is recommended.
11-7-03	62310	\$407.40	\$0.00	V	\$312.88 or lesser amount. Per TWCC-60 the amount in dispute is \$107.58	Rule 133.301(a)	Reimbursement of \$107.58 is recommended.
10-29-03 12-16-03	99213	\$89.01	\$0.00	No EOB	\$62.81	CPT Code Descriptor MAR	Reimbursement of \$62.81 X 2 = \$125.62 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$410.08

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 code(s) 62311, 62310 and 99213 in the amount of **\$410.08**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$410.08** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 22nd day of September 2004.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division