

MDR Tracking Number: M5-04-2893-01

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 5-5-04.

**I. DISPUTE**

Whether there should be reimbursement for CPT code 01995 rendered from 5-7-03 through 5-21-03.

**II. FINDINGS**

1. The requestor billed \$600.00 for the disputed anesthesia service.
2. The respondent paid \$00.00 based upon “U – Unnecessary Treatment without peer review..”
3. Total amount in dispute per TWCC-60 is \$600.00.
4. The requestor obtained preauthorization approval for Bier Blocks on 4-15-03 and 5-12-03.

**III. RATIONALE**

The requestor obtained preauthorization approval for Bier Blocks on 4-15-03 and 5-12-03. Therefore, the insurance carrier is in violation of Rule 133.301(a) by retrospectively denying preauthorized treatment.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5-7-03 5-14-03 5-21-03	01995	\$200.00	\$0.00	U	RVU of 5 X \$40.00 = \$200.00	Anesthesia GR (I)(B)(1-4), (I)(C)(2)(a)	Anesthesia report supports service billed per MFG. Based upon the HCFA-1500 the requestor only billed for the RVU of 5 units. Requestor did not bill for time units; therefore, only the billed service was considered in this decision. Reimbursement of \$200.00 X 3 dates = \$600.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$600.00</b> .

#### **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 (01995) in the amount of **\$600.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$600.00** 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 10<sup>th</sup> day of November 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division