

MDR Tracking Number M5-05-2061-01

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 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-24-05

The Medical Review Division dismissed the medical necessity request due to nonpayment of the IRO fee by the health care provider. Therefore, the file contains unresolved medical fee issues only. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 4-26-05 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.

CPT code 97799CP for dates of service 3-24-04 through 4-1-04 was denied as "R-Charge unrelated to compensable injury." This was adjudicated in a Benefit Review Conference on 3-22-05. The carrier's representative stated on that day that there are no extent of injury issues. CPT code 97799CP for 4-21-04 through 5-14-04 was denied by the carrier as V-unnecessary treatment with peer review. These services were preauthorized, therefore this is an incorrect denial code. In accordance with Rule 134.600 (h) (4), the requestor provided a copy of the preauthorization letters dated 2-9-04 and 4-28-04 for a total of 40 sessions of chronic pain management. The carrier denied these sessions for unnecessary medical treatment based on a peer review. Rule 133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." This dispute will be forwarded to Compliance and Practices for this violation of the rules. **Per Rule 134.202(a)(e)(5)(e)(i) and (ii) recommend reimbursement in the amount of \$16sessions of chronic pain management.**

This Finding and Decision is hereby issued this 12th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees totaling \$16,000 for 3-24-04 through 5-14-04 outlined above as follows: In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Order is hereby issued this 12th day of May, 2005.

Director, Medical Dispute Resolution
Medical Review Division