

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 Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for CPT code 64640.
- b. The request was received on October 9, 2002

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. EOB
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. Audit summaries/EOB
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on January 31, 2003. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on January 31, 2003. The response from the insurance carrier was received in the Division on February 12, 2003. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor representative states in the correspondence undated that...
“...The health care treatment that ___ received was a series of neuroma sclerosing injections that began on 11/15/01 and 1/10/02. ___ was injured while on the job, and the insurance company has compensated him for necessary treatment separate and apart from the neuroma sclerosing injections. ___ underwent injections of sclerosing alcohol to the sole of his injured foot because he believed they were necessary to his recover from the injury. The insurance company refused to pay, and ___ paid for these treatments, himself. The treatments were helpful and ___’s injury healed...”
2. Respondent: The respondent representative states in the correspondence dated February 11, 2003 that... “...The Requestor’s supplemental information appears to be directed entirely at the medical necessity of the injections. The Carrier notes that the medical necessity if these service is a moot point – the question of necessity is not relevant to this matter. The Provider was obligated to seek and obtain pre-authorization for these services. As the attached documentation demonstrates, the Carrier twice denied pre-authorization for these injections...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on November 15, 2001 and extending through January 3, 2002.
2. In reference to the respondents position statement that the carrier twice-denied pre-authorization for the injections; since preauthorization is not required unless injections are given in an ambulatory surgical facility preauthorization become a moot point.
3. The maximum allowable reimbursement for CPT code is \$81.00 per injection. However, per Rule 133.307(f), employee may pursue up to the amount the employee paid the provider.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11/15/01	64640	\$289.76	\$0.00	A	\$289.76	Rule 134.600	Per Rule 134.600, preauthorization is not required for injections unless they are administered in an Ambulatory Surgical Center; therefore, reimbursement in the amount of \$1,835.16 is recommended.
11/28/01	64640	\$321.96	\$0.00	A	\$321.96	Rule 133.307(f)	
12/06/01	64640	\$321.96	\$0.00	A	\$321.96		
12/14/01	64640	\$289.76	\$0.00	A	\$289.76		
12/20/01	64640	\$289.76	\$0.00	A	\$289.76		
01/03/02	64640	\$321.96	\$0.00	A	\$321.96		
					See #3 above.		
Totals		\$1,835.16	\$0.00				The Requestor is entitled to reimbursement in the amount of \$1,835.16

The above Findings and Decision are hereby issued this 01st day of April 2003.

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,835.16 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 01st day of April 2003.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

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