

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 4/26/03.

I. DISPUTE

Whether there should be reimbursement for injection - 62289-22, injection - 62284-51, fluoroscopy - 76000-26, trigger point injection - 20550, trigger point injection multiple procedures - 20550-51 and unlisted anesthesia - 01999, from 11/27/02 through 2/2/03, denied by the carrier on the basis of "U" – unnecessary medical treatment. The disputed services injection multiple procedures - 62284-51 and trigger point injection multiple procedures – 20550-51 were also denied on the basis of "F" – the charge exceeds the scheduled allowance for multiple procedures.

II. FINDINGS

The requestor submitted disputed services 99213 and 99080 dated 11/27/02, 12/10/02, 1/9/03, 1/30/03 and 2/2/03 that had been denied by the carrier for medical necessity. The requestor subsequently withdrew all services disputed on the basis of medical necessity. Therefore, the services for these dates will not be addressed in this finding.

III. RATIONALE

The requestor submitted three pre-authorization letters from the carrier, dated 10/31/02, 11/25/02 and 12/18/02 verifying pre-authorization of "ASCC/cervical epidural with fluoroscopy / epidurogram x 1 only / trigger point injections" on each date. This supports that all disputed services, with the exception of the trigger point injections, dated 11/27/02 and 12/19/02 had been preauthorized prior to delivery of service.

The preauthorization letters (authorization #112202647005) and (authorization #969836) verified preauthorization for all services with the exception of the trigger point injections. On this basis, trigger point injections – 20550 and trigger point injections multiple procedures - 20550-51 were not preauthorized. Reimbursement is not recommended.

Injection - 62289-22, injection multiple procedures - 62284-51, fluoroscopy - 76000-26, and unlisted anesthesia – 01999, on 11/27/02 and 12/19/02, were denied by the carrier on the basis of "U" – unnecessary medical treatment. The preauthorization letters (authorization #112202647005) and (authorization #969836) verified preauthorization of these services prior to delivery of service. On this basis, reimbursement is recommended.

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 injection - 62289-22, injection multiple procedures - 62284-51, fluoroscopy - 76000-26, and unlisted anesthesia – 01999 in the amount of **\$1,460.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,460.00** 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 29th day of April, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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