

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 RS-4i Sequential Stimulator.
- b. The request was received on November 22, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. 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. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on March 10, 2003. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on March 10, 2003. The response from the insurance carrier was received in the Division on March 18, 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 states in the correspondence faxed February 13, 2003 that...
“...TWCC Reg 134.600(h) states preauthorization for DME is only required if the total charges per line item exceed \$500.00 or the item is a TENS unit. The RS4I Sequential Stimulator is NOT a TENS unit and total rental charges for 2 months do not exceed \$500.00. The \$500.00 limit is per line item, not for all services billed on the same hcfa...”
2. Respondent: The respondent states in the correspondent dated March 18, 2003 that...
“...It is this carrier’s position that electrical stimulation of the muscle by any method is still electrical stimulation of the muscle. In the case at hand the requester billed for a device that provides two methods for electrical stimulation of the muscle. The Commission has determined a fair and reasonable reimbursement for rental of a device that stimulates the muscle. The maximum allowable rental reimbursement for code D0550, muscle stimulator, is \$150. The code does not specify by which modality or for what reason the muscle is stimulated...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on July 23, 2003 and extending through August 23, 2003.
2. The requestor withdrew HCPCS codes A4556 and A4557, denied as unnecessary medical; since the medical necessity issues have been withdrawn the dispute is now classified as a fee dispute and will be reviewed according to the *1996 Medical Fee Guideline*. The only remaining HCPCS code is E-1399, which was denied for lack of preauthorization.
3. The respondent’s response to the initial TWCC-60 indicates they have submitted payments to the requestor in the amount of \$300.00, for two months rental of the RS-4i – Sequential Stimulator, and \$8.41 in interest.
4. The respondent raised new issues after Request for Medical Dispute Resolution was made. Per Rule 133.307(j)(2) the response shall address only those denial reasons presented to the requestor prior to the date the request was filed with the division; therefore, these issues will not be addressed.
5. The requestor has called and stated they received the payment, however, the amount paid for the RS-4i – Sequential Stimulator was \$150.00 per month for two months for a total paid of \$300.00 and the amount billed was \$250.00 per month for two months for a total of \$500.00; therefore, a balance of \$200.00 is still in dispute.
6. 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:
07/23/03 08/23/03	E1399 E1399	\$250.00 \$250.00	\$150.00 \$150.00	A A	DOP DOP	MFG, DME GR (II); (VI)(A & B); (IX)(A) Rule 134.600(h)(11)	Requestor has submitted the physician's prescription and DME did not exceed \$500.00 per rules referenced. Since the insurance carrier has issued partial payment, the preauthorization dispute is moot, reimbursement of \$200.00 is recommended.
Totals		\$500.00	\$300.00				The Requestor is entitled to reimbursement in the amount of \$200.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$200.00 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 12th day of July 2003.

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

MF/mf