

This Amended Findings and Decision supercedes all previous decisions rendered in this matter. The Medical Review Division's Findings and Decision of January 22, 2002, was issued in error and subsequently withdrawn by the Medical Review Division. The Original Findings and Decision, Appeal Letter and Withdrawal Notice are reflected in Exhibit 1.

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 DME equipment and supplies.
- b. The request was received on August 6, 2002.

II. EXHIBITS

1. Requestor, Exhibit 2:
 - 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 3:
 - a. Initial response not submitted.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on December 16, 2002. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 3 of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit #4 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence faxed on December 9, 2002 that... "(i) Rental of RS4I Sequential Stimulator...a combination 4 channel muscle stimulator/interferential electrotherapy device. (ii) Payment has been denied stating charges will exceed \$500.00 for the device and therefore require preauthorization. However, the monthly rental charge for this device is \$250.00. As we have only billed for 2 month's rental we have not exceeded the \$500.00 mark. (iii) 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. (iv) We have provided product information and pricing documentation along with the prescription from the patient’s doctor of record. We have included a copy of the carrier’s explanation of benefits and our hcfas which show that the total charges billed for the rental of the RS4I Sequential Stimulator do not exceed \$500.00.”

2. Respondent: Response not submitted.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on January 23, 2002 and extending through March 22,2002.
2. Per the EOB, HCPCS codes A4556 and A4557 were denied as “U – NOPA”. The rationale on the EOB states: NOPA – U – THE SERVICE RENDERED IS INTEGRAL TO A SERVICE REQUIRING PRE-AUTHORIZATION, WHERE PRE-AUTHORIZATION WAS NOT SOUGHT OR APPROVAL WAS NOT OBTAINED FOR THE REQUIRED SERVICE, THEREFORE REIMBURSEMENT IS NOT ALLOWED. Based on the rationale on the EOB the disputed dates of service were not denied for medical necessity; therefore, an IRO review is not needed and the dispute will be reviewed according to the *1996 Medical Fee Guideline*.
3. The RS4I Sequential Stimulator is not a TENS unit and the DME did not exceed \$500.00; therefore, pre-authorization is not required.
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:
01/13/02 – 02/22/02	E1399	\$250.00	\$0.00	A	DOP	MFG, DME GR (II); (VI)(A & B); (IX)(A)	Requestor has submitted the physician’s prescription and DME did not exceed \$500.00 per rules referenced; therefore reimbursement in the amount of \$500.00 is recommended.
02/23/02 – 03/22/02	E1399	\$250.00	\$0.00	A	DOP	Rule 134.600(h)(11)	

01/23/02	A4556	\$85.00	\$0.00	U – NOPA	DOP	MFG, General Information GR (VI) MFG, DME GR (IV) & (VIII)	Respondent states on the EOB that this service is an integral part to another service requiring preauthorization and therefore reimbursement is not recommended. Electrodes are an integral part of the DME prescribed to injured worker. Stimulator will not work properly without the electrodes; the stimulator did not require preauthorization; reimbursement in the amount of \$85.00 is recommended.
01/23/02	A4557	\$40.00	\$0.00	U – NOPA	DOP	MFG, General Information GR (VI) MFG, DME GR (IV) & (VIII)	Respondent states on the EOB that this service is an integral part to another service requiring preauthorization and therefore reimbursement is not recommended. Lead wires are an integral part of the DME prescribed to injured worker. Stimulator will not work properly without the lead wires; the stimulator did not require preauthorization; reimbursement in the amount of \$40.00 is recommended.
Totals		\$625.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$625.00

VI. AMENDED ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$625.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Amended Order is hereby issued this 26th day of March 2003.

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

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