Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:

Lonestar DME
1509 Falcon Drive Suite 106
Desoto, TX 75115

MFDR Tracking #: M4-05-7952-01

Inj

Respondent Name and Box #:

Atlantic Mutual Insurance Co
Box #: 19

E

Insu

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "...The Provider's position was clearly stated the items supplied to the patient were not over $500.00 per Rule 134.600..."

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - $489.89
3. CMS 1500s
4. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "...The current dispute involves payment for the purchase of DME. This was denied as not having pre-authorization. The provider claims that it did not need pre-authorization because the value was less than $500.00. However, as can be seen by the billing of the provider has disingenuously unbundled and split the charges to get under the $500.00 ceiling. If one were to add the charges ($165 and $378), one would get a figure of $543.00, which requires pre-authorization. Since pre-authorization was not obtained, no reimbursement is due..."

Principal Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
02/14/05	E0745-RR ($89.51 x 125%)	A	1, 3	$111.89
02/14/05	E0731 ($378.99 = MAR)	A	1-3	<$378.00
Total Due:				$489.89

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

[redacted]

1. These services were denied by the Respondent with reason code:
   - "A – Preauthorization required but not requested
   - Service is denied for lack of proof of pre-authorization
2. Per Rule 134.600(h)(11), preauthorization is not required for items billed less than $500.00; therefore, per Rule 134.202(c)(2)(A), reimbursement is recommended.
3. Per Rule 134.202(d), "reimbursement shall be the least of the (1) MAR amount as established by this rule; (2) health care provider's usual and customary charge; or (3) health care provider's workers' compensation negotiated and/or contracted amount that applies to the billed service(s)."

A System Monitoring and Oversight referral will be made.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1, Section. 134.202, Section. 134.600
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of $489.89 plus applicable accrued interest per Division Rule 134.803, due within 30 days of receipt of this Order.

ORDER:

[redacted]	[redacted]	02/29/08
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.