



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

MEDME SERVICES CORPORATION
PO BOX 920173
EL PASO TX 79902

Carrier's Austin Representative Box

Box Number 32

Respondent Name

TEXAS DEPARTMENT OF TRANSPORTATION

MFDR Date Received

FEBRUARY 2, 2010

MFDR Tracking Number

M4-10-2689-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The disputed healthcare is in regards to code A4557 which is the lead wires required to connect the muscle stimulation unit to the patient. The bill for this item has been denied as a bundled item. This is not a bundled item and is payable as billed. Code A4557 is listed with a MAR of \$55.40. Attached documentation supports this bill and this appeal for payment. The Neuromuscular Stimulator Unit was approved for purchase on 04-03-2009 and paid by the carrier. The Division Rules state that purchase of the NMES warrants the necessary supplies required to operate and maintain the unit for the patient's benefit and use.

CHAPTER 43.2 Under the Medicare fee schedule of the Supplier Manual, Chapter 43.2 reads as follows: 'Separate allowance will be made for replacement supplies when they are medically necessary and are used with a TENS/NMES unit that has been purchased and/or approved by Medicare.' The Medicare Fee Schedule states 'if 4 Tens leads are necessary, a maximum of two units per month would be allowed.' The patient has a 4 lead unit and 2 units have been billed. ."

Amount in Dispute: \$55.40

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Replacement of Lead wires (A4557) will be covered when they are inoperative due to damage. Replace more often than every 12 months would rarely be medically necessary."

Response Submitted by: Forte, 7600 Chevy Chase, Ste. 200, Austin, TX 78752

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 6, 2009	HCPCS Code A4557	\$55.40	\$22.70

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
- 97 – Payment is included in the allowance for another service/procedure.
 - 193 – Original payment decision is being maintained. This claim was processed properly the first time.

Issues

1. Did the requestor did the requestor bill HCPCS code A4557 correctly?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor billed HCPCS code A4557 – Lead wires. The insurance carriers’ audit company denied the services using denial code 97 – “Payment is included in the allowance for another service/procedure” and “193 – This claim was process properly the first time. Original payment decision is being maintained. The insurance carrier raised the issue of medical necessity in their position statement. The insurance carrier did not notify the requestor of this issue in its explanation of benefits (EOB) responses during the medical bill review process. As a result, the issue of medical necessity is unsupported and will not be considered in this dispute. The division will review the issues presented in the EOBs at the time of the medical bill review process. In accordance with 28 Texas Administrative Code §134.203(d)(1) the MAR for HCPCS Level II codes A, E, J, K, and L shall be 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule. Review of the bill finds the requestor billed for two lead wires; however, per Medicare, the lead wires are billed per pair; the DMEPOS 2009 Fee Schedule values this HCPCS code at \$22.16 per pair for lead wires multiplied by 125% equals a total reimbursement of \$27.70.
2. Review of the documentation finds that reimbursement is due to the requestor.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$22.70.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$22.70 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 13, 2014

Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **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. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

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