

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 Durable Medical Equipment.
- b. The request was received on June 20, 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. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on January 37, 2003. The response from the insurance carrier was received in the Division on January 29, 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 dated August 12, 2002 that...
“...After submitting our initial claim and also our request for reconsideration, the insurance carrier paid us \$0.00 for codes E1399 and A4306 out of the \$620.00 that were billed for these items. Since there is no MAR for codes E1399 (Pain Pump) and A4306 (Disp. Catheter), we have enclosed EOBs from other insurance carriers that have reimbursed us for these same codes. These EOBs should clearly prove and state that we are only asking to get reimbursed what is ‘fair and reasonable’ per our geographical area as TWCC Medical Fee Guideline state...”
2. Respondent: The respondent states in correspondence dated August 1, 2002 that...
“...The billed charges for CPT E1399 for a Pain Pump and CPT A4306 for a disposable catheter were denied as unnecessary medical, however the charges should be denied as not pre-authorized. The total of these items is \$620.00; therefore, they are subject to pre-authorization because the Pain Pump cannot operate without the catheter.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is June 16, 2001.
2. The EOB, dated January 25, 2002, submitted with the initial request for dispute resolution denied the durable medical equipment as “U – Unnecessary Medical Treatment or Service; the reconsideration EOB, dated September 18, 2002 denied disputed date of service as “X388 – Pre-Authorization was requested but denied for this service...” Both requestor and respondent were contacted by Medical Dispute Resolution on October 18, 2002; both parties agreed that the dispute should be denied for “A – Pre-authorization required but not obtained”; therefore, this dispute will be reviewed for lack of pre-authorization.
3. The requestor billed \$495.00 for CPT code E1300 (Pain Pump) and \$125.00 for CPT code A4306 (disposable catheter); the total amount in dispute is \$620.00 and will be reviewed per Commission Rules and the 1996 Medical Fee Guideline.
4. Per Rule 134.600(h)(11) all durable medical equipment in excess of \$500 per item requires preauthorization. The disputed DME is not in excess of \$500.00 per item. Therefore, reimbursement in the amount of \$620.00 is recommended.

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$620.00 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 05th day of March 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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