

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, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 5-18-04.

A review by the Medical Review Division has determined the following:

1. The requestor seeks reimbursement for services rendered from 5/19/03 through 10/21/03.
2. Per Rule 133.308 (r)(1)(B), payment of the IRO fee is due prior to the IRO undertaking the review. An Order for Payment of IRO fee was issued on July 21, 2004 and the requestor was ordered to remit the IRO fee within ten days. The requestor did not comply; therefore, as stated in the Order, failure to comply will result in immediate dismissal of this dispute.

Therefore, it is the conclusion of the Medical Review Division that medical necessity portions of this case be dismissed without any additional action being taken. However, other unresolved fee issues exist in the dispute.

Pursuant to Rule 133.308(s), if an unresolved fee dispute issue exists at the time the Division receives the IRO decision in a dispute, the Division shall then proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On August 13, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code A4595 for dates of service 5/19/03 through 6/19/03 were denied by the carrier. Although these codes were listed on the HCFAs, the EOBs from the carrier have different CPT codes that the carrier denied for payment. The requestor submitted documentation stating the medical necessity of the EMS unit. Therefore, reimbursement of the electrical stimulation supplies is recommended in accordance to the 1996 MFG.

CPT code E1399 for dates of service 10/17/03 through 10/21/03 were denied by the carrier. Although these codes were listed on the HCFAs, the EOBs have different CPT codes that the carrier denied for payment. The requestor submitted documentation stating the medical necessity of the lumbar rehab kit, shoulder rehab kit, and the dynaflex. Therefore, reimbursement is recommended in accordance to the MFG.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees as follows:

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c) (2);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is applicable to dates of service 5/19/03 through 10/21/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 27th day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division