

MDR Tracking Number: M5-05-0128-01

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 Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 09-10-04.

I. DISPUTE

Whether there should be reimbursement for HCPCS codes E1399 and A4557 for dates of service 04-13-04 through 05-12-04.

II. FINDINGS

The medical necessity issues for dates of service 05-13-04 through 06-12-04 were withdrawn on 12-15-04. The medical necessity for code A4595 date of service 04-13-04 was withdrawn on 01-18-05. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 12-20-04 requesting the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

HCPCS code E1399 date of service 04-13-04 through 05-12-04 denied with denial code "A"/03" (procedure requires prior authorization). Per Rule 134.600(i)(5) preauthorization is not required for DME less than \$500.00. Reimbursement recommended in the amount of \$250.00.

HCPCS code A4557 date of service 04-13-04 denied with denial code "G/AB" (Global. Payment is always bundled into payment for other services. Medicare CCI edits apply). Per Rule 133.304(c) the carrier did not specify which service HCPCS code A4557 was global to. Reimbursement is recommended in the amount of \$21.10 per the DMEPOS 2004 fee schedule.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for HCPCS codes E1399 and A4557 for dates of service 04-13-04 through 05-12-04.

V. ORDER

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 in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), 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 04-13-04 through 05-12-04 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

The above Findings and Decision and Order are hereby issued this 20th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh