

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 9/8/03.

### I. DISPUTE

Whether there should be additional reimbursement for cervical collar - L0180 reduced per "F" – per Medical Fee Guideline.

### II. RATIONALE

The additional explanation listed on the EOB indicates the respondent made partial payment using usual and customary values as established by "INGENIX".

The 1996 Medical Fee Guideline, DME Ground Rules (IV) states, "This document does not contain a specific MAR for the DME items. The DME items should be billed at the usual and customary rate of the DME provider, and the insurance carrier shall reimburse the DME provider at an amount pre-negotiated between the provider and carrier or, if there is no pre-negotiated amount, the fair and reasonable rate for the item described.

Per DME Ground Rules (IX)(C), "A fair and reasonable reimbursement shall be the same as the fees set for the "D" codes in the 1991 Medical Fee Guideline." The disputed L0180 was not found in the "D" codes of the 1991 Medical Fee Guideline.

Commission Rule 133.307 (g)(3)(D) states, " if the dispute involves health care for which the Commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title (relating to Definitions) and §134.1 of this title (relating to Use of the Fee Guidelines);"

The disputed cervical collar - L0180 was payable at fair and reasonable, evidence by the partial payment offered by the carrier. The requestor is responsible to submit supporting documentation of their charges. However, the requestor failed to submit, any documentation supporting that the charges were fair and reasonable. On this basis, reimbursement is not recommended.

### III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to additional reimbursement for L0180.

The above Findings and Decision are hereby issued this 25<sup>th</sup> day of June, 2004.

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Medical Dispute Resolution Officer  
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