

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 11/07/03.

### **I. DISPUTE**

Whether there should be additional reimbursement for durable medical equipment (DME) for dates of service (DOS) 6/3/03 through 6/11/03. The Carrier denied reimbursement for HCPCS code E2375 (DOS 6/03/03; \$494.00) as "F Z560 – The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix." HCPCS codes E1399 and E0236 (DOS 6/11/03) were denied as "U X375 – Unnecessary medical treatment of service."

### **II. FINDINGS**

On 12/15/03, the Requestor submitted a withdrawal letter for dates of service 6/03/03 through 6/11/03 denied as unnecessary medical. On 5/10/04 a clarification letter of withdrawal was submitted by the Requestor stating only date of service 6/11/03 should be withdrawn. On 1/08/04, a Notice was faxed to 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 this Notice.

### **III. RATIONALE**

#### **Date of Service 6/06/03; HCPCS Code L2375**

The Requestor billed \$490.00 for DME. The Carrier reimbursed \$148.55 leaving \$341.45 in dispute. The MFG DME GR (IX)(C) states, "...Invoices shall be billed at the provider's usual and customary rate. Reimbursement shall be an amount pre-negotiated between the provider and the carrier or if there is no pre-negotiated amount, the fair and reasonable rate. A fair and reasonable reimbursement shall be the same as the fees set forth for the "D" codes in the 1991 Medical Fee Guideline." There is no "D" code listed for this DME.

Per Rule 133.307 (g)(3)(D), the Requestor is required to discuss, demonstrate and justify that the payment being sought is a fair and reasonable rate of reimbursement. The Requestor has provided redacted sample EOBs as evidence that the fees billed are for similar treatment of injured individuals and that reflect the fee charged to and paid by other carriers. On this basis, reimbursement is recommended in the amount of \$341.45(\$490.00 billed - \$148.55 Carrier reimbursement = \$341.45).

#### **IV. DECISION & ORDER**

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 code L2375 in the amount of **\$341.45**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$341.45** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 17<sup>th</sup> day of May 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PD/pd