

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 date of service 7/07/03 for Durable Medical Equipment. The Carrier has denied additional reimbursement for E0781 as “M YM – The reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011(D) and E0114 as “M RD – The reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011(B).”

II. FINDINGS

On 12/29/03, the Requestor submitted a withdrawal letter for HCPCS codes E0236 (Water Circulating Unit), E1399 (Cold Therapy Cooler Wrap) and E1399 Water Circulating Pad) that were denied as unnecessary medical. On 12/29/03, 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

HCPCS Code E0781; Pain Management System (Ambulatory Infusion Pump)

Texas Labor Code 411.011 (D), Commission Rule 133.307 (g)(3)(d) and Rule 133.304 (i) (1-4) places certain requirements on the Carrier when reducing the services for which the Commission has not established a maximum allowable reimbursement. The Respondent is required to develop and consistently apply a methodology to determine fair and reasonable reimbursement and explain and document the method used for the calculation. The Respondent has reimbursed the Requestor \$264.87 of a \$485.00 durable medical charge for HCPCS Code E0781. However, the Respondent has failed to submit a methodology that discusses, demonstrates and/or justifies that the payment made represents fair and reasonable. The Respondent has failed to support their position that the amount reimbursed is fair and reasonable as required by TWCC Rule 133.307 (j)(1)(F).

The Requestor is required to discuss, demonstrate and justify that the payment being sought is a fair and reasonable rate of reimbursement per Rule 133.307(g)(3)(D). The Requestor's additional documentation included a Letter of Medical Necessity, Operative Notes and documentation on the Pain Management System. However, the Requestor failed to submit documentation to sufficiently justify that the Respondent's reimbursement was not fair and reasonable or inconsistent with Sec. 413.011 (d) of the Texas Labor Code. Therefore, no additional reimbursement is recommended.

E0114 Aluminum Adjustable Crutches with Tips & Handgrips

Per the MFG; DME GR 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 "D" code for Aluminum Crutches is D0610 with a reimbursable amount of \$42.50. The Requestor billed \$110.00 for the stated DME. The Respondent has reimbursed the Requestor \$42.50 which is equal to the D Code D0611. Therefore, no additional reimbursement is recommended.

IV. DECISION

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

The above Findings and Decision is hereby issued this 11th day of May 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd