

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 11/21/03.

I. DISPUTE

An updated Table of Disputed Services was submitted on 6/21/04. Whether there should be additional reimbursement for dates of service 7/16/03 through 7/25/03. The Carrier denied reimbursement as “V – Unnecessary Treatment (with peer review). M – No MAR.”

II. FINDINGS

On 6/21/04, the Requestor submitted an amended withdrawal letter for dates of service 7/16/03, HCPCS codes E1399 (\$239.00), and 7/17/03, E1399 (\$75.00) and E1399 (\$155.00) denied as unnecessary treatment with peer review. On 2/03/04, 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 7/25/03; HCPCS Code E0748 (\$5,000) and CPT Code 97139 (\$185.00)

The Requestor billed \$185.00 for CPT code 97139 while the Carrier reimbursed \$35.00 leaving \$150.00 in dispute. CPT code 97139 is a DOP procedure and is reimbursed at a fair and reasonable rate. The Requestor also billed \$5,000.00 for DME. The Carrier reimbursed \$4,160.00 leaving \$840.00 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.

Texas Labor Code 408.027 (c), Commission Rule 133.304 (i) (1-4) and 133.307 (j) (1) (F) places certain requirements on the Carrier when reducing the billed amount to fair and reasonable. The Respondent has not supported their rate of reimbursement as fair and reasonable.

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 appropriately redacted EOB evidence to support the fees billed are for similar durable medical equipment and reflect fees charged to and paid by other Carriers. On this basis, reimbursement is recommended in the amount of \$990.00(\$5,185.00 billed - \$4,195.00 Carrier reimbursement = \$990.00).

IV. DECISION AND 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 E0748 and CPT code 97139 in the amount of **\$990.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$990.00** 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 22nd day of June 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd