

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 11/20/03.

I. DISPUTE

Whether there should be additional reimbursement for date of service 1/15/03. The Carrier denied reimbursement as “M – No MAR \$150.00 payment recommended at fair and reasonable rate. U – Unnecessary treatment (without peer review) \$0.00 Unnecessary treatment.”

II. FINDINGS

On 1/12/04, the Requestor submitted a withdrawal letter for date of service 1/15/03, HCPCS codes E0236 and E1399 denied as unnecessary medical. On 1/13/04, 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

HCPCS Code L3670 Post-Op Fracture Brace (Ultrasling II)

The Requestor billed \$450.00 for DME. The Carrier reimbursed \$150.00 leaving \$300.00 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 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 \$300.00(\$450.00 billed - \$150.00 Carrier reimbursement = \$300.00).

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 L3670 in the amount of **\$300.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$300.00** 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 26th day of May 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd