

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 2/18/04.

### **I. DISPUTE**

An updated Table of Disputed Services was submitted 4/30/04. Whether there should be reimbursement of \$100.00 for HCPCS code E1399-RR a RS 4i 4 Channel Sequential Stimulator. The Carrier denied reimbursement as “N-F This code should be used only if a more specific code is unavailable. Determine if an alternative HCPCS code better describes the equipment/supply being reported.”

### **II. FINDINGS**

Pursuant to Rule 133.308(i)(8), the Commission previously dismissed the medical necessity components as the file contained only unresolved medical fees issues. On 3/09/04, 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**

Texas Labor Code 413.011 (d) and Commission 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 not supported their position of fair and reasonable reimbursement.

The Requestor billed \$250.00 for the rental of an RS 4i 4 Channel Sequential Stimulator, which according to documentation submitted by the Requestor, is a Sequential Muscular/Interferential Stimulator and provides interferential current to relieve acute or chronic pain besides delivering muscle stimulation to treat muscle conditions. The Carrier made reimbursement in the amount of \$150.00 according to the Requestor's Table of Disputed Services leaving the amount in dispute at \$100.00.

Per Rule 133.307 (g)(3)(D), the Requestor is also 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 \$100.00(\$250.00 billed - \$150.00 Carrier Reimbursement = \$100.00).

#### **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 E1399-RR in the amount of **\$100.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$100.00** 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 25<sup>th</sup> day of May 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PD/pd