

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-05-3407.M5**

**MDR Tracking Number: M5-04-3215-01**

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 05-24-04.

**I. DISPUTE**

Whether there should be reimbursement for HCPCS code E1399 dates of service 06-06-03, 07-06-03 and 08-06-03 and HCPCS code A4556 for date of service 08-07-03.

**II. FINDINGS**

On 11-01-04, the Division submitted a Notice to the requestor to notify the requestor that based on review of the disputed issues within the request, the Medical Review Division determined that the file contained unresolved medical fee issues only. Per Rule 133.307(g)(3), the Notice also requested 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 the Notice.

**III. RATIONALE**

HCPCS code E1399 (RS41 4CH Monitor) date of service 06-06-03 denied with denial code "M" (No MAR). The requestor submitted documentation to support the service. Additional reimbursement in the amount of \$100.00 per the 96 Medical Fee Guideline is recommended (\$250.00 billed minus carrier payment of \$150.00).

HCPCS code E1399 (RS41 4CH Monitor) date of service 07-06-03 denied with denial code "R" (extent of injury). The health care provider has not billed for the conditions disputed by the carrier. Reimbursement per the 96 Medical Fee Guideline is recommended in the amount of \$250.00

HCPCS code E1399 (RS14 interferential and muscle stimulator) date of service 08-06-03 denied with denial code "U" (unnecessary treatment without peer review). The purchase of the DME was preauthorized and the service therefore cannot be retrospectively denied for medical necessity per Rule 133.301(a). Reimbursement is recommended in the amount of \$2495.00 per the Medical Fee Guideline effective 08-01-03.

HCPCS code A4556 (electrodes) date of service 08-07-03 denied with denial code "N" (not appropriately documented). The requestor did not submit documentation to support the service. No reimbursement recommended.

#### **IV. DECISION**

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 for dates of service 06-06-03, 07-06-03 and 08-06-03. The requestor **is not** entitled to reimbursement for HCPCS code A4556 date of service 08-07-03.

The above Findings and Decision is hereby issued this 15th day of December 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

#### **V. ORDER**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) and in accordance with Medicare program reimbursement methodologies effective August 1, 2003 per Commission rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 06-06-03, 07-06-03 and 08-06-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Order is hereby issued this 15th day of December 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dlh