

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 5/5/03.

I. DISPUTE

Whether there should be reimbursement for E-1399 – DME supplies.

II. FINDINGS

When the dispute was initially submitted by the requestor, the requestor included in their table of disputed services a neuromuscular stimulator and DME supplies, dated 8/31/02, 9/30/02 and 11/30/02 that had been denied on the basis of “U” – lack of medical necessity. The requestor failed to pay the IRO fee as required by Rule 133.308 (r)(1)(B), therefore these disputed services were dismissed by the Commission. However, the Medical Review Division determined that unresolved fee issues continue to exist for services dated 10/30/02, 12/31/02, 1/31/03 and 2/28/03 and will therefore be reviewed in this decision.

III. RATIONALE

EOBs were not submitted by either the requestor or respondent. Per Commission Rule 133.307 (e)(2)(A-B), “(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

On this basis, this dispute will be reviewed based upon the 1996 Medical Fee Guideline.

On July 23, 2003, a notice was forwarded by the Medical Review Division to both parties, giving them the opportunity to submit additional documentation. Included in this documentation should have been medical records to support delivery of the services as billed. The requestor failed to submit the required documentation. On this basis, reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for E-1399.

The above Findings and Decision are hereby issued this 16th day of April, 2004.

Medical Dispute Resolution Officer
Medical Review Division