

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 12-24-02.

I. DISPUTE

Whether there should be additional reimbursement for DME codes E0781 (no EOB), E0236 (no EOB), and L3670 billed on 3-11-02 and denied as "F".

II. RATIONALE

On 8-11-03, the Requestor submitted a letter withdrawing the medical necessity portion of the dispute (DME code E1399 for \$75.00 and E1399 for \$155.00). The Requestor also stated they wanted a review of the remaining fee issues.

On 9-17-03, the Respondent submitted their response to the additional documentation. Their response included their payment methodology and new EOBs. The response was untimely; therefore, it will not be considered per rule 133.307 (j) (2).

DME codes E0781 and E0236 billed on 3-11-02 had no EOB submitted with the original dispute. Therefore, this review will be per the 1996 *Medical Fee Guideline*. DME code L3670 billed on 3-11-02 was denied as "F – the charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix." 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 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. One EOB met these criteria.

- The Requestor billed \$485.00 for E0781 and the Respondent paid \$377.00
- The Requestor billed \$494.00 for E0236 and the Respondent paid \$108.00
- The Requestor billed \$450.00 for L3670 and the Respondent paid \$151.78

Recommend additional reimbursement of \$108.00 for E0781, \$386.00 for E0236, and \$298.22 for L3670

III. 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 DME codes E0781, E0236, and L3670 in the amount of \$792.22. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit \$792.22 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR: M5-03-2971-01

The above Findings, Decision, and Order are hereby issued this 6th day of July 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt