

MDR Tracking Number: M4-05-0580-01

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 09/20/04.

I. DISPUTE

Whether there should be reimbursement for CPT code E1399 billed for dates of service 10/12/03 & 11/12/03.

II. RATIONALE

Review of the requestors' position statement dated 10/07/04 states... "The carrier did not respond the initial submission of our claims...The carrier then incorrectly denies the request for reconsideration by stating that this facility did not document the procedures..."

Review of the respondent's position statement dated 10/01/04 states... "These services were denied due to incorrect coding. The provider used a miscellaneous code and we requested the appropriate HCPCS code. We did not receive a subsequent bill for review. To resolve this dispute, Zenith agrees to pay the fee schedule allowance of the correct code (A4556). The correct reimbursement per pair is \$15.18 (\$12.14 X 125%). They billed for four electrodes so the total allowance is \$30.36..."

In accordance with 134.202(b): for billing, reporting, and reimbursement of professional medial services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies. The health care provider did not use the appropriate code for reimbursement. However, the carrier has reimbursed the requestor per the correct CPT code for the appropriate number of units billed; therefore, no additional reimbursement is recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to additional reimbursement for CPT code(s) E1399.

The above Findings and Decision is hereby issued this 31st day of January 2005.

Medical Dispute Resolution Officer
Medical Review Division