

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 11/02/04.

I. DISPUTE

Whether there should be additional reimbursement for CPT code E1399 billed for date of service 11/04/03.

II. RATIONALE

Review of the requestors' position statement dated 12-17-03 states in part...“Payment has been made based on old fee guidelines for E0745, which had a D code in the pre 1996 fee schedule, which is not a comparable device as it provides only muscle stimulation. The Commission has not established a maximum allowable for the RS4I Sequential Stimulator. The RS4I provides 2 modalities...4 channel muscle stimulation plus interferential electrotherapy, providing equivalent therapy of 2 devices, therefore a higher fee allowance is reasonable & warranted...There are no fee guidelines for devices billed under E1399...” The requestor provided a copy of the product information & pricing documentation, the prescription from the patient's doctor of record, and copies of EOBs from carriers who are paying at listed price.

Review of the respondent's rationale for maintaining the reduction dated 11/12/04 states ... “The State Office of Risk Management will continue to maintain that the reimbursement of \$900.00 for the purchase of the RS4I Muscle Stimulator is fair and reasonable”

The requestor provided documentation to demonstrate that the amount billed is fair and reasonable, however, the documentation submitted is for the rental of a RS4I Sequential Stimulator and does not demonstrate that the payment amount being sought is a fair and reasonable rate for the purchase of this device per Rule 133.307 (g)(3)(D-E); therefore, additional reimbursement is not 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 E1399. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby declines to issue an ORDER.

The above Findings & Decision is hereby issued this 8th day of April 2005.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr