

AMENDED MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION (Previously M4-04-4068-01)

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC		Response Timely Filed? (x) Yes () No	
Requestor's Name and Address RS Medical P O Box 872650 Vancouver, Washington 98687-2650		MDR Tracking No.: M4-05-3617-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address Liberty Mutual Insurance Company P O Box 40460 Houston, Texas 77240-0460 Box 28		Date of Injury:	
		Employer's Name: Grey Wolf, Inc.	
		Insurance Carrier's No.: 949712049	

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
07/08/03	08/07/03	E1399	\$100.00	\$100.00
08/08/03	09/07/03	E1399	\$100.00	\$100.00

PART III: REQUESTOR'S POSITION SUMMARY

Requestor states in their position statement, "We have provided product information and pricing documentation along with the prescription from the patient's doctor of record. We are also including copies of EOBs from carriers who are paying at our price list."

PART IV: RESPONDENT'S POSITION SUMMARY

Carrier's response states, "Attached is also documentation to show that this is the rate that Liberty Mutual normally and consistently reimburses for stimulator rental. We do not feel that any additional reimbursement is warranted. Carrier's EOBs denied services as, "The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix."

PART V: AMENDED MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The Medical Review Division's Findings and Decision of December 27, 2004, was issued in error and subsequently withdrawn by the Medical Review Division. The Original Findings and Decision, Appeal Letter and Withdrawal Notice are reflected in Exhibit 1. This Amended Findings and Decision supercedes all previous decisions rendered in this matter. The Medical Review Division rendered a Findings and Decision involving a Medical payment dispute. A decision was issued in favor of the Respondent. The Findings and Decision incorrectly quoted DME Ground Rules in the non-reimbursement of DME supplies, resulting in the issuance of this Notice of Withdrawal.

HCPCS code E1399 item should be billed at the usual and customary rate of the DME provider. Carrier shall reimburse at a fair and reasonable rate per the MFG DME IX (C).

Per Commission Rule 133.307(j)(f), the reimbursement for these items would be at a "fair and reasonable" rate. The requestor submitted product information and redacted EOBs from other carriers indicating a fair and reasonable reimbursement that indicates that their charges were fair and reasonable per rule 133.307(g)(3)(D). The sample EOBs from the carrier does not prove that the Provider has accepted this reduced payment as fair and reasonable. On this basis, carrier's reimbursement is based on the rate for a different item and is not fair and reasonable. Therefore, based on this information additional reimbursement is recommended.

