



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: RS Medical P.O. Box 872650 Vancouver, WA 98687-2650	MDR Tracking No.: M4-05-5524-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Insurance Co. of the State of Pennsylvania C/O Flahive, Ogdent and Latson Rep Box: 19	Date of Injury:
	Employer's Name: Emery Air Freight Corp.
	Insurance Carrier's No.: 039CBAQI3833

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: "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 and warranted."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. CMS-1500's
3. EOB's

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: "The present dispute involves payment for electrodes on 3/26/04, 4/26/04, 6/26/04 and 7/26/04. These were denied as being integral to the primary procedure billed. The provider is unbundling services to justify added reimbursement. No further reimbursement is necessary."

Principle Documentation:

1. Position Summary

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
03/26/04	G/N	A4556	A 1-3	\$ 60.72
04/26/04	G/D	A4556	A 1-3	\$ 60.72
06/26/04	G/N	A4556	A 1-3	\$ 60.72
07/26/06	G/N	A4556	A 1-3	\$ 60.72
TOTAL DUE				\$ 242.88

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

A. The disputed issue: Whether payment is due the Requestor for DME supplies known as A4556.

1. The Requestor billed \$80.00 for 8 units X 4 DOS (16 pair) for (electrodes) under HCPC code A4556. The insurance carrier denied payment based upon global fee concept. Per 2004 DMEPOS, the monthly rental of RS4i does not include additional replacement supplies, including electrodes, conductive paste/gel, tape/other adhesive and adhesive remover, skin preparation materials, and batteries; therefore, the insurance carrier incorrectly denied reimbursement based upon "G."

2. Upon Reconsideration the Respondent EOB denial code(s) asserts: "N – Please provide CPT codes for all services rendered." CPT Codes were provided as billed. "D – These services have already been considered for reimbursement." "D" is an improper denial code for a Reconsideration response, therefore reviewing per fee guidelines.

3. Per 2004 DMEPOS the MAR for HCPC code A4556 is \$15.18 /pair. The Respondent made a total payment in the amount of \$00.00. Based upon the previously paid amount the Division finds that additional reimbursement is due for HCPC Code A4556, in the amount of \$ 242.88 (\$15.18 X 4 pair X 4 DOS).

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.1  
28 Texas Administrative Code Sec. §134.202 (b) & (c)(6)

**PART VII: DIVISION DECISION AND ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor is entitled to additional reimbursement in the amount of \$242.88 plus all accrued interest due at the time of payment to the Requestor within 30 days receipt of this Order.

Ordered by:

David B. Brown

7/31/06

Authorized Signature

Typed Name

Date of Order

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**