



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

**Type of Requestor:** (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address: Arbrook Medical & Surgical Supply, L.L.C. 800 W. Arbrook Blvd., Suite 150 Arlington, Texas 76015	MDR Tracking No.:	M4-05-A920-01
	Claim No.:	
	Injured Employee's Name:	
Respondent's Name and Address: J C Penney Corp, Inc. C/o Flahive Ogden & Latson Rep Box # 19	Date of Injury:	
	Employer's Name:	J C Penney Corp., Inc.
	Insurance Carrier's No.:	149109503

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

"MAR is \$4620.01. Carrier did not pay 2005 fee schedule. They paid 2004 fee schedule."

- Principle Documentation:
1. Requestor's position summary
  2. TWCC 60/Table of Disputed Services
  3. CMS 1500
  4. Explanation of Benefits
  5. Invoice of item

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

"...The provider seeks reimbursement for services of March 17, 2005 under procedure code E0748. The carrier has already reimbursed the provider in the sum of \$4,472.42. The provider is requesting an additional \$147.59...The provider has failed to include any modifiers to indicate whether the equipment is used (UE) or new (NE)...The carrier has reimbursed the provider in excess of what the provider is entitled to in the absence of the provider reissuing its bill with the appropriate modifiers..."

- Principle Documentation:
1. Respondent's position summary
  2. TWCC 60/Table of Disputed Services

### 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)
03/17/05	F, 1	E0748 (Osteogenesis Stimulator)	1	\$00.00
<b>TOTAL DUE</b>				<b>\$00.00</b>

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

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, set out reimbursement guidelines.

1. HCPCS DME Code E0748 for date of service 03/17/05 was denied as "F, 1—The charge for this procedure exceeds the fee schedule or usual and customary allowance (Z560)". In their response, the Carrier states, "...The provider has failed to include any modifiers to indicate whether the equipment is used (US) or (NE)...". The Requestor's submitted Invoice dated 05/04/05, indicating providers cost of osteogenesis stimulator. Per Rule 133.307(j)(2), "...Response shall not address new or additional denial reasons or defenses after the filing of a request. Any new denial reasons or defenses raised shall not be considered in the review." Per Commission Rule 133.307(j)(F), "...if the Commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code 403.011...". The Requestor was reimbursed per the Palmetto DME Fee Schedule for 2005. Therefore, per rule 134.202, additional reimbursement is not recommended.

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

28 Texas Administrative Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.202  
28 Texas Administrative Code Sec. §133.307(j)(F)  
28 Texas Administrative Code Sec. §134.202(j)(2)  
2005 Palmetto DME Fee Schedule

**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 not** entitled to additional reimbursement.

Ordered by:

05/18/06

\_\_\_\_\_  
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.**