

MDR Tracking Number: M5-04-0051-01

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 9/2/03.

I. DISPUTE

Whether there should be reimbursement for a neuromuscular stimulator, dated 6/18/03, and denied by the carrier for lack of preauthorization.

II. RATIONALE

The respondent argues preauthorization was necessary because prior rental of the unit amounted to a cumulative total exceeding the \$500.00 preauthorization limit.

Rule 134.600 (b)(1) states, "The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury... when...

- (B) preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care;"

Rule 134.600 (h) states, health care requiring preauthorization includes:...(i)

- (11) all durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental) and all transcutaneous electrical nerve stimulators (TENS) units;

The cumulative amount of the DME was supported by the respondent submitting copies of redacted EOBs and medical bills from rentals dated 01/01/00 and 02/01/00 to the injured worker.

Rule 134.600(h)(11) refers to the "expected cumulative rental" of the DME in excess of \$500.00. The bills submitted by the requestor show a different doctor, Mark J. Lansing, D.C. as the prescribing doctor for the 2000 DME. The prescribing doctor for the disputed date of service is Richard Raughton, D.O. The rentals are from more than 2 1/2 years prior and from a different doctor. However, there is no time limit listed under Rule 134.600. On this basis, reimbursement is not recommended.

III. DECISION & ORDER

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

The above Findings and Decision is hereby issued this 5th day of May, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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