

MDR Tracking Number: M5-04-0449-01

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 10/13/03.

### I. DISPUTE

Whether there should be reimbursement for DME - E1399, dated 7/7/03, and DME - E1399, dated 8/7/03, denied for lack of preauthorization.

### II. RATIONALE

Rule 133.307 (g)(3)(B) states, "(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;"

The 1996 Medical Fee Guideline, DME Ground Rules (IX)(A-B) states, "A statement of medical necessity, along with a the order or prescription appropriate for the equipment/supplies shall accompany initial claims for the rental or purchase of DME..."

B. This statement shall include the medical necessity and specify the following:

1. claimant's diagnosis;
2. prognosis;
3. and the expected duration the equipment or supplies will be required."

The requestor failed to submit the necessary medical information necessary per the 1996 Medical Fee Guideline and per Rule 133.307 (g)(3)(B). The Commission could not determine the amount of time rental was recommended by the prescribing doctor or whether there had been previous purchase or rental as alleged by the carrier. On this basis, 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 reimbursement for E1399 x 2.CPT.

The above Findings and Decision are hereby issued this 13<sup>th</sup> day of May 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer