

MDR Tracking Number: M5-04-0549-01

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 10/23/03.

I. DISPUTE

Whether there should be reimbursement for E1399 DME, dated 5/27/03 and 6/27/03, denied by the carrier for "A" – not preauthorized and "F" – not per Fee Guideline.

III. RATIONALE

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; and the expected duration the equipment or supplies will be required."

The line item cost of each DME is \$250.00; the total of both items does not exceed \$500.00 and therefore does not require preauthorization per Rule 134.600(h).

The requestor claims the rentals of 5/27/03 and 6/27/03 are the initial rentals of the disputed RS-4i Four Channel Muscle/Interferential Stimulator. Without the required "order or prescription appropriate for the equipment..." there is no support of the requestor's position. Reimbursement is not recommended.

IV. 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.

The above Findings and Decision are hereby issued this 21st day of May 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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