

**MDR Tracking Number: M5-04-2005-01**

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 3-1-04.

**I. DISPUTE**

Whether there should be reimbursement for E1399-RR for date of service 10-9-03 denied as "A".

**II. RATIONALE**

Requestor's position statement as listed on the table of disputed services states, "Pre-auth not required line item does not exceed 500.00".

Respondent's position statement dated 3-24-04 states in part, "...The rental of the device for the month of October represented the 5<sup>th</sup> month's cumulative rental and the charge represented a cumulative amount in excess of \$500.00...As shown in Exhibit 3, the rental charge of \$250.00 on 9/9/03 exceeded the \$500 limit...Consequently, date of service 10/9/03 required preauthorization."

Per Rule 134.600 (h)(11), all DME in excess of \$500.00 per item (either purchase or expected cumulative rental) requires preauthorization. On 3-17-04, a Notice was issued stating that the Division determined that the disputed issues are related to reimbursement based on fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Respondent submitted proof of rental and payment for HCPCS code E1399-RR for a cumulative total of \$590.00 by 9-9-03. The billed amount of \$250.00 on disputed date of service 10-9-03 exceeds the \$500.00 threshold; therefore, preauthorization is required. Submitted records do not indicate that preauthorization was requested, therefore, no reimbursement 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 HCPCS code E1399.

The above Findings and Decision is hereby issued this 16th day of November 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division