

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 8-12-03.

I. DISPUTE

Whether there should be reimbursement for E1399 (neuromuscular stimulator) billed on 8-22-02 and 9-22-02 and denied as "A - preauthorization was required, but not requested for this service per TWCC Rule 134.600."

II. RATIONALE

Rule 134.600 (h) requires preauthorization for all durable medical equipment in excess of \$500 per item (either purchase or expected cumulative rental). On 10-28-03, 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. Requestor submitted prescriptions for August and September 2002 rental; however, Respondent submitted proof of rental and payment for the neuromuscular stimulator in June and July 2002. The cumulative total by August exceeded the \$500.00 threshold; therefore, preauthorization is required. Since no preauthorization was requested, 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 DME code E1399 (neuromuscular stimulator).

The above Findings and Decision are hereby issued this 28th day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division