

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 Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on March 19, 2002.

### I. DISPUTE

1. Whether there should be reimbursement for CPT codes 97546-WH, 99213, and 97750-FC for dates of service June 6, 2002 and June 12, 2002.

### II. RATIONALE

- CPT code 97546-WH denied for “M – Reduced to Fair and Reasonable”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (II)(C) & (E)(5) work hardening shall be reimbursed at \$64.00 per hour if the program is CARF accredited. If the program is not CARF accredited then the hourly reimbursement shall be reduced 20% below the maximum allowed reimbursement. Requestor did not submit work hardening notes for the June 6, 2001 disputed date of service and it cannot be determined if the requestor’s services were rendered as billed. Reimbursement is not recommended.
- CPT code 99213 – No EOB submitted for date of service June 12, 2001 by either party. Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (IV)(C)(2), requestor submitted the SOAP notes, which supports services were rendered as billed. Reimbursement is recommended (\$48.00).
- CPT code 97750-FC -- No EOB submitted for date of service June 12, 2001 by either party. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(2)(a), requestor submitted the FCE report which supports services were rendered as billed. Reimbursement is recommended (\$200.00).

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is entitled to reimbursement for CPT codes 99213 and 97750-FC in the amount of \$248.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$248.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 04th day of June 2003.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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