

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.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for Work Hardening.
- b. The request was received on June 13, 2002.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA's
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60 and/or Response to a Request for Dispute Resolution
  - b. HCFA's
  - c. Audit summaries/EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on December 19, 2002. The Respondent did not submit a response to the request. The Respondent did submit a response on December 16, 2002.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Position statement not included in the initial dispute or the submitted additional information.

2. Respondent: The Respondent’s agent, \_\_\_\_ submitted a response December 16, 2002 which states that “...Provider has submitted absolutely no documentation to demonstrate that the work hardening program at issue complies with the requirements of the *Medical Fee Guideline (“MFG”)*).

**IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on June 13, 2001 and extending through June 29, 2001. Dates of service January 18, 2001 through June 12, 2001 are outside the one-year filing deadline and outside the jurisdiction of Medical Dispute Resolution.
2. Per Rule 133.307(e)(2)(A) requestor did not provide a copy of all medical bills as originally submitted to the carrier for reconsideration in accordance with §133.304 for dates of service June 13, 2001 and June 15, 2001; therefore these dates of service cannot be reviewed.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
06/18/01	97545-WH	\$140.00	\$0.00	N	\$64/hr for CARF Accredited. Requestor did not use modifier –AP; therefore, CPT code is reimbursable at \$51.20/hr. \$51.20 x 18 hrs. = \$921.60.	MFG, MGR (II)(C) & (E)(7) & (8)	The notes provided by the requestor did not document the services rendered per the rule referenced in the MFG; therefore, reimbursement is not recommended.
06/19/01	97545-WH	\$140.00	\$0.00	N			
06/20/01	97545-WH	\$140.00	\$0.00	N			
06/21/01	97545-WH	\$140.00	\$0.00	N			
06/22/01	97545-WH	\$140.00	\$0.00	N			
06/25/01	97545-WH	\$140.00	\$0.00	N			
06/26/01	97545-WH	\$140.00	\$0.00	N			
06/27/01	97545-WH	\$140.00	\$0.00	N			
06/29/01	97545-WH	\$140.00	\$0.00	N			
06/18/01	97546-WH	\$280.00	\$0.00	N	\$64/hr for CARF Accredited. Requestor did not use modifier –AP; therefore, CPT code is reimbursable at \$51.20/hr. \$51.20 x 36 hrs. = \$1,843.20.	MFG, MGR (II)(C) & (E)(7) & (8)	The notes provided by the requestor did not document the services rendered per the rule referenced in the MFG; therefore, reimbursement is not recommended.
06/19/01	97546-WH	\$280.00	\$0.00	N			
06/20/01	97546-WH	\$280.00	\$0.00	N			
06/21/01	97546-WH	\$280.00	\$0.00	N			
06/22/01	97546-WH	\$280.00	\$0.00	N			
06/25/01	97546-WH	\$280.00	\$0.00	N			
06/26/01	97546-WH	\$280.00	\$0.00	N			
06/27/01	97546-WH	\$280.00	\$0.00	N			
06/29/01	97546-WH	\$280.00	\$0.00	N			
<b>Totals</b>		\$3,780.00	\$0.00				The Requestor is <b>not</b> entitled to reimbursement

The above Findings and Decision are hereby issued this 15th day of January 2003.

Marguerite Foster  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 MF/mf