

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 CPT Codes 97750-FC, 97545-WC, and 97546-WC.
- b. The request was received on July 12, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. Medical Records
 - d. 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. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on December 10, 2002. The response from the insurance carrier was received in the Division on December 19, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated July 12, 2002 that... "...The patient had close supervision of exercises for more than 50% of the time. In fact, patients were always supervised while exercising. We feel that he had progress in the work-conditioning program... [Injured worker] returned to work at the conclusion of the work-conditioning program without restrictions to his work... We believe that at the time [injured worker] participated in our work-conditioning program, it was clear that based on the objective findings of the FCE and the medical fee guidelines for admission criteria, [injured worker] would benefit from the program as he addresses return to work issues and indeed he did..."

2. Respondent: The requestor states in the correspondence dated December 19, 2002 that... "...The TWCC notice letter dated November 15, 2002, indicates that this is a fee dispute. Provider has failed to include in the materials it submitted to the carrier either a copy of the TWCC-60 or any of the documentation required by Rule 133.307. Accordingly, it is impossible for the carrier at this time to ascertain the nature of the dispute. This dispute may also involve issues of medical necessity. The case should be dismissed in it entirely and should not be considered until the provider provides the required documentation... The materials included with the November 15, 2002, notice letter includes only medical records and office notes that span the period of July 16, 2001 to August 31, 2001. There are no bill or explanation of benefits to show what is in dispute... The date of injury on this file is _____. Carrier asserts that the provider is not entitled to any reimbursement for the dates of service in dispute. Provider has failed to document that these services are reasonable and necessary to treat the compensable injury. Provider has also failed to establish that any payments the carrier may have made were not the full reimbursement owed in this case..."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on July 16, 2001 and extending through August 31, 2001.
2. The adjustor for the respondent submitted a response to the initial TWCC-60 on July 26, 2002.
3. Requestor submitted EOB's denied as "N" – Not Documented, with the initial request; therefore, this dispute will be reviewed per the Medical Fee Guideline.
4. 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:
07/16/01	97750-FC	\$500.00	\$0.00	N	\$100.00 per hour for a max. of 5 hrs. \$100/hr x 5 = \$500.00	MFG, MGR, (I)(E)(2)(a)	FCE report submitted supports services rendered as billed. Reimbursement in the amount of \$500.00 is recommended.
08/06/01	97545-WC (2)	\$72.00	\$0.00	N	\$36.00 per hour x 32 hours = \$1,152.00	MFG, MGR (II)(D)(1 – 8)	Submitted daily notes document services were rendered as billed. Reimbursement in the amount of \$1,152.00 is recommended.
08/07/01	97545-WC (2)	\$72.00	\$0.00	N			
08/08/01	97545-WC (2)	\$72.00	\$0.00	N			
08/09/01	97545-WC (2)	\$72.00	\$0.00	N			
08/13/01	97545-WC (2)	\$72.00	\$0.00	N			
08/14/01	97545-WC (2)	\$72.00	\$0.00	N			
08/15/01	97545-WC (2)	\$72.00	\$0.00	N			
08/16/01	97545-WC (2)	\$72.00	\$0.00	N			
08/17/01	97545-WC (2)	\$72.00	\$0.00	N			
08/20/01	97545-WC (2)	\$72.00	\$0.00	N			
08/21/01	97545-WC (2)	\$72.00	\$0.00	N			
08/22/01	97545-WC (2)	\$72.00	\$0.00	N			
08/24/01	97545-WC (2)	\$72.00	\$0.00	N			
08/27/01	97545-WC (2)	\$72.00	\$0.00	N			
08/29/01	97545-WC (2)	\$72.00	\$0.00	N			
08/31/01	97545-WC (2)	\$72.00	\$0.00	N			

08/06/01	97546-WC (2)	\$72.00	\$0.00	N	\$36.00 per hour x 32 hours = \$1,152.00	MFG, MGR (II)(D)(1 – 8)	Submitted daily notes document services were rendered as billed.	
08/07/01	97546-WC (2)	\$72.00	\$0.00	N				
08/08/01	97546-WC (2)	\$72.00	\$0.00	N			Reimbursement in the amount of \$1,152.00 is recommended.	
08/09/01	97546-WC (2)	\$72.00	\$0.00	N				
08/13/01	97546-WC (2)	\$72.00	\$0.00	N				
08/14/01	97546-WC (2)	\$72.00	\$0.00	N				
08/15/01	97546-WC (2)	\$72.00	\$0.00	N				
08/16/01	97546-WC (2)	\$72.00	\$0.00	N				
08/17/01	97546-WC (2)	\$72.00	\$0.00	N				
08/20/01	97546-WC (2)	\$72.00	\$0.00	N				
08/21/01	97546-WC (2)	\$72.00	\$0.00	N				
08/22/01	97546-WC (2)	\$72.00	\$0.00	N				
08/24/01	97546-WC (2)	\$72.00	\$0.00	N				
08/27/01	97546-WC (2)	\$72.00	\$0.00	N				
08/29/01	97546-WC (2)	\$72.00	\$0.00	N				
08/31/01	97546-WC (2)	\$72.00	\$0.00	N				
Totals		\$2,804.00	\$0.00					The Requestor is entitled to reimbursement in the amount of \$2,804.00

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

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2,804.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 15th day of January 2003.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

MF/mf