

MDR Tracking Number: M5-04-0163-01

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 9/11/03.

**I. DISPUTE**

Whether there should be additional reimbursement for 97750-FC, 97545-WH and 97546-WH from 3/4/03 through 4/8/03.

**II. RATIONALE**

The MFG, MGR, (II)(C) states, "Accreditation by CARF is recommended, but not required, for all interdisciplinary programs. If the program is accredited, then the modifier "-AP" shall be used in addition to the other modifiers designated for the listed interdisciplinary programs. If the interdisciplinary program is not accredited, the hourly reimbursement for the program shall be reduced 20% below the maximum allowed reimbursement..."

MFG, MGR, (I)(E)(2)(a) states, "FCE's are allowed a maximum of three times for each injured worker. FCE's shall be billed as code 97750-FC. FCEs shall be reimbursed at \$100 per hour for a maximum of five hours (\$500) for the initial test and two hours (\$200) for an interim and/or discharge test..."

| DOS    | CPT CODE | Billed | Paid    | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement) | Reference             | Rationale  |
|--------|----------|--------|---------|-----------------|---|-----------------------|--|
| 3/4/03 | 97750-FC | 210.00 | \$86.00 | FU              | \$200.00                                | MFG, MGR (I)(E)(2)(a) | The medical report dated 3/4/03 identified that the FCE was properly billed by the requestor. As partial payment was made by the carrier, medical necessity is a moot issue. Reimbursement of \$114.00 is recommended. |
| 4/7/03 | 97545-WH | 102.40 | \$00.00 | No EOB          | \$102.40                                | MFG, MGR, (II)(C)     | The work hardening notes for 4/7/03 supported this service to be multidisciplinary in nature. It also supported the service was properly billed by the requestor. Reimbursement of \$102.40 is recommended.            |
|        | 97546-WH | 307.20 | \$00.00 | No EOB          | \$307.20                                | See above.            | See above. Reimbursement of \$307.20 is recommended.   |

| DOS           | CPT CODE | Billed | Paid    | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement) | Reference             | Rationale  |
|---------------|----------|--------|---------|-----------------|---|-----------------------|--|
| 4/8/03        | 97750-FC | 315.00 | \$15.00 | M               | \$200.00                                | MFG, MGR (I)(E)(2)(a) | Reduced on the basis of "M" fair and reasonable. This service has MAR identified in the 1996 Medical Fee Guideline. The medical report dated 4/8/03 identified that the FCE was properly billed by the requestor. Partial payment was made by the carrier. Reimbursement of \$185.00 is recommended. |
| <b>TOTALS</b> |          |        |         |                 |   |                       | Additional reimbursement of \$708.60 is recommended.   |

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 97750-FC, 97545-WH and 97546-WH in the amount of **\$708.60**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$708.60** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 24<sup>th</sup> day of May 2004.

Noel L. Beavers  
 Medical Dispute Resolution Officer  
 Medical Review Division

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