

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 10/3/03.

I. DISPUTE

Whether there should be reimbursement for 95851, dated 3/3/03, denied as global and 97750-FC, dated 4/22/03, denied as not documented.

II. RATIONALE

The 1996 Medical Fee Guideline, Medicine Ground Rules (I)(E)(3) states, "Functional Capacity Evaluation (97750-FC) requires a report identifying the service provided, results, and interpretation of the test..."

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..." The medical report dated 4/22/03 reflects the required report and the time charged (2 hours) to perform the Functional Capacity Evaluation 97750-FC. On this basis, the report is properly documented and reimbursement is recommended.

The range of motion testing 95851 of 3/3/03 was denied by the respondent on the basis the service is included in another procedure. The 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(8) states, "Range of motion measurements and muscle testing as performed by the physical or occupation therapist during this re-evaluation are included in this code and shall not be reimbursed separately. The documentation submitted by the requestor indicates the testing was done by a therapist, therefore reimbursement of muscle testing 95851 is not 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 in the amount of **\$200.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$200.00** 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 18th day of May 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division