

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 12-15-03.

I. DISPUTE

Whether there should be additional reimbursement for 97750-FC billed on 1-23-03 and denied as "F – fee guideline MAR reduction."

II. RATIONALE

On 1-23-04, a Notice was issued stating that the Division determined that the issues in dispute are related to reimbursement based on fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Per the 1996 Medical Fee Guideline, FCEs are allowed a maximum of three times for each injured worker. FCEs are reimbursed at \$100.00 per hour for a maximum of five hours for the initial test and two hours for an interim and/or discharge test. A summary report for each FCE is required and the start and end time for the FCE is required documentation.

Requestor billed 97750-FC for five hours on 1-22-03. Respondent submitted documentation to support an initial FCE for this injured worker on 9-25-02. Therefore, the requestor cannot be reimbursed for another initial test. Requestor billed \$500.00 and Respondent paid \$125.00. Relevant information does not support the elements of an FCE in that no physical exam, functional abilities test, and summary report were included as required. Therefore, no additional reimbursement is recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 97750-FC.

The above Findings and Decision are hereby issued this 20th day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division