

MDR Tracking Number: M5-04-1143-01

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, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 12-22-03.

Based on correspondence from the requestor on January 28, 2004, the request for Medical Dispute Resolution by an Independent Review Organization for medical necessity for CPT code 99361 on 4/24/03 has been withdrawn. However, other unresolved fee issues exist in the dispute.

Pursuant to Rule 133.308(s), if an unresolved fee dispute issue exists at the time the Division receives the IRO decision in a dispute, the Division shall then proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On January 29, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

**CPT codes 97545 WC and 97546 WC** for dates of service 4/29/03 through 5/23/03 were denied by the carrier with "F", fee guideline reduction. According to the EOBs submitted from both parties, payment for these dates was recommended with the MAR reduced by 20%. However, per conversation with Misti from the requestor's office on October 21, 2004, no payment has been made to date. Review of the file reveals that the submitted HCFAs do not indicate CARF accreditation. Therefore, in accordance with Medicine Ground Rule II (C) and (D)(4) of the 1996 MFG, **reimbursement is recommended** in the amount of \$4089.60.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 4/29/03 through 5/23/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 21st day of October 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division