

MDR Tracking Number: M5-04-2749-01

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 4-26-04.

### I. DISPUTE

Whether there should be reimbursement for CPT codes: 97545WH, 97546WH, 99080-73 and 97750FC.

### II. FINDINGS

On 9-19-03, 12-17-03 and 2-5-04, the respondent gave preauthorization for 10 visits of work hardening + 10 visits + 15 visits for a total of 35 visits.

The respondent denied reimbursement based upon, "Not appropriate healthcare provider; Preauthorization required but not requested; Fee Guideline MAR reduction."

The insurance carrier inappropriately denied the preauthorized work hardening program based upon "A"; therefore, the work hardening program will be reviewed in accordance with *Medical Fee Guideline*.

The insurance carrier denied work hardening program rendered from 9-23-03 through 10-2-03 based upon, "K" and "V." As stated above, the insurance carrier gave preauthorization approval for the work hardening program; therefore, is in violation of Rule 133.301(a) by retrospectively denying treatment based upon medical necessity.

The insurance carrier also contends that "K" provider is not on the TWCC Approved Doctor list. TWCC records reveal that Dr. Rita Sealy and Alpine Healthcare are on the TWCC Approved Doctor List.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
9-22-03 9-23-03 9-24-03 9-26-03 9-29-03 10-2-03 10-3-03 10-6-03	97545WH	\$102.40	\$0.00	A, F, K	\$51.20/hr X 2 = \$102.40	Rule 133.301(a) CPT Code MAR Rule 134.202(e)(5)(A)(ii)	MAR reimbursement of \$102.40 X 10 dates = \$1024.00.

10-7-03 10-8-03							
1-2-04	97545WH	\$72.00	\$51.20	F	\$51.20/hr	Rule 133.301(a) CPT Code MAR	MAR reimbursement was paid.
12-23-03 12-26-03 12-29-03 1-5-04 1-6-04 1-7-04	97545WH	\$72.00	\$0.00 \$57.60 \$0.00 \$0.00 \$0.00	A, F	\$51.20/hr		Rule 134.202(e)(5)(A)(ii)
9-22-03 9-23-03 9-24-03 9-26-03 9-29-03 10-3-03 10-6-03 10-7-03 10-8-03 12-29-03	97546WH	\$307.20	\$0.00	A, F, K	\$51.20/hr X 6 = \$307.20		MAR reimbursement of \$307.20 X 10 dates = \$3072.00.
12-23-03 12-26-03 1-5-04 1-6-04 1-7-04	97546WH	\$216.00	\$0.00 \$172.80 \$0.00 \$0.00	A, F	\$51.20/hr X 5 = \$256.00		MAR reimbursement of \$256.00 X 5 dates = \$1280.00.
12-2-03	96004	\$144.00	\$132.56	F	\$132.56		MAR reimbursement was paid.
1-8-04	97750FC(16)	\$592.00	\$34.30	F	\$34.30	Rule 134.202(c)	MAR reimbursement of \$548.80 minus \$34.30 already paid = \$514.50 is recommended.
12-2-03	97750FC(16)	\$592.00	\$0.00	F	\$33.42		Requestor contends that service was denied payment per fee guideline based upon unbundling. Testing is not global to the review of motion test performed on this date.  MAR reimbursement of \$534.72.
9-4-03	97750FC(12)	\$444.00	\$0.00	K			MAR reimbursement of \$401.04 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$7075.86.</b>

## V. 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 CPT codes, 97545WH, 97546WH, 96004 and 97750FC, in the amount of **\$7075.86**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$7075.86** 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 6<sup>th</sup> day of December 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division