

**MDR Tracking Number: M5-04-3066-01**

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 05-17-04.

**I. DISPUTE**

Whether there should be additional reimbursement for CPT code 97799-CP for dates of service 06-10-03 through 07-31-03.

**II. FINDINGS AND RATIONALE**

CPT code 97799-CP (93 units) for dates of service 06-10-03 through 07-31-03 denied with denial code "M" (No MAR). The carrier has made a payment of \$9,300.00. Per the 96 Medical Fee Guideline Medicine GR (II)(C) "if the interdisciplinary program is not accredited, then the hourly reimbursement for the program shall be reduced by 20% below the maximum allowed reimbursement, if the MAR is listed in the ground rules, or 20% below the usual and customary reimbursement for that program. The requestor is not CARF accredited. The MAR is dependent upon the documentation. The requestor submitted documentation supporting the services billed. Reimbursement is at a 20% reduction for a non-CARF provider. Additional reimbursement is recommended in the amount of **\$5,208.00 (total billed charges of \$18,135.00 minus 20% = \$14,508.00 minus carrier payment of \$9,300.00).**

**III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for CPT code 97799-CP for dates of service 06-10-03 through 07-31-03.

This Findings and Decision is hereby issued this 4th day of February 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

**IV. ORDER**

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 06-10-03 through 07-31-03 in this dispute.

The above Order is hereby issued this 4th day of February 2005.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dlh