

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 12/22/03.

**I. DISPUTE**

Whether there should be reimbursement for work hardening – 97545-WH-AP and 97546-WH-AP from 2/3/03 through 3/28/03.

**II. RATIONALE**

The MFG, MGR, (II)(C) states, “Accreditation by CARF is recommended, but not required, for all interdisciplinary programs. If the program is accredited, then the modifier “-AP” shall be used in addition to the other modifiers designated for the listed interdisciplinary programs....” The requestor used the AP modifier and has CARF accreditation.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2/3/03 thru 2/5/03 (3 DOS)	97545-WH-AP 97546-WH-AP	\$1,536.00 \$64.00 x 24 units	\$0.00	FE	\$64.00 per hour	MFG, MGR, (II)(C)  MFG, MGR, (II)((E)(5)	Denied per carrier based upon MFG and entitlement. The entitlement issue was resolved in the injured worker’s favor at CCH on 1/12/04 and was not appealed. The carrier did not re-evaluate the bill after the decision. The MFG allows reimbursement for this service at \$64.00 per hour. CARF certification was verified by the requestor. Reimbursement of \$1,536.00 is recommended.
2/17/03 thru 2/19/03 (3 DOS)	97545-WH-AP 97546-WH-AP	\$1,536.00 \$64.00 x 24 units	\$0.00	No EOB	\$64.00 per hour	MFG, MGR, (II)(C)  MFG, MGR, (II)((E)(5)  Section 408.021 (e)(A)(2)(i)	An EOB was not submitted by either the requestor or respondent. The medical documentation submitted supports delivery of service. Reimbursement of \$1,536.00 is recommended.
2/20/03 thru 2/21/03 (2 DOS)	97545-WH-AP 97546-WH-AP	\$1,024.00 \$64.00 x 16 units	\$0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$1,024.00 is recommended.
2/24/03 thru 2/28/03 (3 DOS)	97545-WH-AP 97546-WH-AP	\$1,408.00 \$64.00 x 22 units	\$0.00	FE	\$64.00 per hour	MFG, MGR, (II)(C)  MFG, MGR,	Denied per carrier based upon MFG and entitlement. The entitlement issue was resolved in the injured worker’s favor at CCH

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
						(II)((E)(5)	on 1/12/04 and was not appealed. The carrier did not re-evaluate the bill after the decision. The MFG allows reimbursement for this service at \$64.00 per hour. CARF certification was verified by the requestor. Reimbursement of \$1,408.00 is recommended.
3/3/03 thru 3/5/03 (3 DOS)	97545-WH-AP 97546-WH-AP	\$1,536.00 \$64.00 x 24 units	\$0.00	FE	\$64.00 per hour	See above.	See above. Reimbursement of \$1,536.00 is recommended.
3/6/03 (3 DOS)	97545-WH-AP 97546-WH-AP	\$ 512.00 \$64.00 x 8 units	\$0.00	FE	\$64.00 per hour	See above.	See above. Reimbursement of \$512.00 is recommended.
3/10/03 thru 3/12/03 (3 DOS)	97545-WH-AP 97546-WH-AP	\$1,536.00 \$64.00 x 24 units	\$0.00	No EOB	\$64.00 per hour	MFG, MGR, (II)(C)  MFG, MGR, (II)((E)(5)  Section 408.021 (e)(A)(2)(i)	An EOB was not submitted by either the requestor or respondent. The medical documentation submitted supports delivery of service. Reimbursement of \$1,536.00 is recommended.
3/17/03 thru 3/19/03 (3 DOS)	97545-WH-AP 97546-WH-AP	\$1,536.00 \$64.00 x 24 units	\$0.00	FE	\$64.00 per hour	MFG, MGR, (II)(C)  MFG, MGR, (II)((E)(5)	Denied per carrier based upon MFG and entitlement. The entitlement issue was resolved in the injured worker's favor at CCH on 1/12/04 and was not appealed. The carrier did not re-evaluate the bill after the decision. The MFG allows reimbursement for this service at \$64.00 per hour. CARF certification was verified by the requestor. Reimbursement of \$1,536.00 is recommended.
3/20/03 thru 3/21/03 (2 DOS)	97545-WH-AP 97546-WH-AP	\$1,024.00 \$64.00 x 16 units	\$0.00	FE	\$64.00 per hour	See above.	See above. Reimbursement of \$1,024.00 is recommended.
3/24/03 thru 3/26/03 (3 DOS)	97545-WH-AP 97546-WH-AP	\$1,536.00 \$64.00 x 24 units	\$0.00	FE	\$64.00 per hour	See above.	See above. Reimbursement of \$1536.00 is recommended.
3/27/03 thru 3/28/03 (2 DOS)	97545-WH-AP 97546-WH-AP	\$1,024.00 \$64.00 x 16 units	\$0.00	FE	\$64.00 per hour	See above.	See above. Reimbursement of \$1,024.00 is recommended.
TOTAL		\$14,208.00	\$0.00				The requestor is entitled to reimbursement of \$14,208.00

### 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 97545-WH-AP and 97546-WH-AP in the amount of **\$14,208.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$14,208.00** 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 5<sup>th</sup> day of August, 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

DRM/nlb