

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

I. DISPUTE

Whether there should be reimbursement for CPT codes 95851, 97124, and 99080 denied as “F”, codes 97545WH and 97546-WH denied as “V” and code 97799-CP with no EOB provided by either party. These codes were billed for dates of service 6-16-03 to 1-28-04. Disputed dates of service 5-28-03 to 5-30-03 are over one year old and ineligible for medical dispute resolution.

II. RATIONALE

Requestor’s position statement dated 6-10-04 states in part, “...WORK HARDENING WAS PRE-AUTHORIZED AS MEDICALLY NECESSARY BY THE CARRIER...Carrier failed to give required TWCC-62’s (EOB’s) leaving provider no rational for non-payment of services provided...”

Respondent’s position statement dated 7-2-04 states in part, “...This is a fee dispute involving retrospective medical necessity. The carrier disputes that the provider has shown that the treatment underlying the charges was medically reasonable and necessary. Further the carrier challenges whether the charges are consistent with applicable fee guidelines. The carrier asserts that it has paid according to applicable fee guidelines...”

On 8-3-04, the requestor submitted an updated table. The updated table included fee disputes only for dates of service 6-16-03 to 1-28-04. The Requestor also submitted preauthorization letters for ten days of a work hardening program 6-23-03 to 7-23-03; additional two weeks of work hardening from 8-11-03 to 8-29-03; and two weeks for a chronic pain management program on 1-16-04 to 2-16-04.

- Code 95851 billed on 6-16-03 was denied as “F – fee guideline MAR reduction”. Per the 1996 Medical Fee Guideline, medicine ground rules, 95851 is a separately reimbursable code. Recommend reimbursement of \$36.00
- Code 97124 billed on 9-9-03 and 9-17-03 were paid by the carrier @ \$28.43 per day. Requestor is seeking \$.01 per day. Per Rule 134.202 (b) (c)(1) and the Medicare Fee Schedule, the MAR is $\$20.56 \times 125\% = \25.70 . Therefore, no additional reimbursement recommended.
- Code 97545-WH and 97546-WH billed for dates of service 7-2-03 and 8-25-03 – per Rule 134.202(e)(5)(C), the MAR is \$64.00 per hour minus 20% for non-CARF accredited

facilities. The requestor is a non-CARF facility. Recommend reimbursement of \$102.40 x 2 days = \$204.80 for 97545-WH and \$307.20 x 2 days = \$614.40 for 97546-WH.

- Code 97799-CP billed for dates of service 1-22-04 to 1-28-04 – per Rule 134.202 (e)(5)(E) the MAR is \$125.00 per hour. These services were preauthorized; however, requestor did not submit bill or daily notes to verify hours of the program. No reimbursement recommended.
- Code 99080-73 billed for date of service 1-28-04 was denied as “U – unnecessary medical. Per Rule 124.9, this is a required report. Recommend reimbursement of \$15.00.

III. DECISION AND ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement of \$563.00 for CPT codes 97545-WH, 97546-WH and 95851. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$563.00 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 9th day of September 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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