

DECISION AND ORDER

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

ISSUES

A contested case hearing was held on October 12, 2009 to decide the following disputed issue:

Is the Petitioner, (Healthcare Provider), entitled to reimbursement in the amount of \$1475.36 for work hardening services (CPT Code 97545-WH) rendered on February 19, 2008, February 26, 2008, February 28, 2008, and March 3, 2008?

PARTIES PRESENT

Claimant did not appear and his appearance was waived in this matter. Petitioner/Subclaimant appeared by phone and was assisted by PR, layperson. Respondent/Carrier appeared and was represented by RM, attorney.

AGREEMENT

The parties reached an agreement. The agreement resolves only those issues to be decided at this hearing. The agreement does not resolve all issues with regard to this claim and is not a settlement.

In this decision, this Agreement section includes findings of fact and the Decision section constitutes the conclusions of law.

The Hearing Officer found:

- A. Carrier delivered to Petitioner a single document stating the true corporate name of Carrier, and the name and street address of Carrier's registered agent, which document was admitted into evidence as Hearing Officer's Exhibit Number 2.
- B. On _____, Claimant was an employee of (Employer), and sustained a compensable injury.

The parties stipulated as follows:

- 1. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.
- 2. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.

3. The Medical Fee Dispute Resolution Officer determined that the provider is not entitled to reimbursement in the amount of \$1,475.36 for work hardening services (CPT Code 97545-WH) rendered on February 19, 2008, February 26, 2008, February 28, 2008, and March 3, 2008.

The parties agreed as follows:

Petitioner, (Healthcare Provider), is not entitled to reimbursement in the amount of \$1,475.36 for work hardening services (CPT Code 97545-WH) rendered on February 19, 2008, February 26, 2008, February 28, 2008, and March 3, 2008.

DECISION

Petitioner, (Healthcare Provider), is not entitled to reimbursement in the amount of \$1,475.36 for work hardening services (CPT Code 97545-WH) rendered on February 19, 2008, February 26, 2008, February 28, 2008, and March 3, 2008.

ORDER

Respondent/Carrier is not liable for the benefits at issue in this hearing. Claimant remains entitled to medical benefits for the compensable injury in accordance with §408.021.

The true corporate name of the insurance carrier is **VALLEY FORGE INSURANCE COMPANY** and the name and address of its registered agent for service of process is:

**CT CORPORATION SYSTEM
350 NORTH ST. PAUL STREET
DALLAS, TX 75201**

Signed this 12th day of October, 2009.

Jacquelyn Coleman
Hearing Officer