

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 8/13/02.

### **I. DISPUTE**

Whether there should be reimbursement for a work hardening program – 97545 and 97546, office visits - 99213 and physical performance testing – 97750 from 8/13/01 through 9/26/01 denied by the carrier as not documented.

### **II. RATIONALE**

The 1996 Medical Fee Guideline (II)(E) defines work hardening as “A highly structured, goal-oriented, individualized treatment program designed to maximize the ability of the persons served to return to work. Work Hardening programs are interdisciplinary in nature with a capability of addressing the functional, physical, behavior, and vocational needs of the injured worker....Work Hardening programs use real or simulated work activities in a relevant work environment in conjunction with physical conditioning tasks...”

The requestor failed to provide activity notes or any other medical documentation indicating that on each day of treatment the injured worker was involved in several hours of physical conditioning and work simulation. Also, no documentation of the physical performance testing was submitted.

The disputed office visits 99213, dated 8/28/01 and 9/11/01, were also denied by the respondent on the basis of “N” – not properly documented. Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (IV)(C)(2), “Two of the three Key components (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services...” Per the descriptor the components are: “an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity...” The requestor failed to furnish SOAP notes or any other medical documentation verifying delivery of service and that at least two of the three required components were present. On this basis, reimbursement is not recommended.

Rule 133.307 (g)(3) states,

(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:...

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;

Neither the requestor or the respondent submitted the necessary medical documentation to support the delivery of the disputed services as billed. On this basis, reimbursement is not recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined the requestor **is not** entitled to reimbursement for work hardening program – 97545 and 97546, office visits - 99213 and physical performance testing – 97750 from 8/13/01 through 9/26/01.

The above Findings and Decision are hereby issued this 31<sup>st</sup> day of March, 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

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