

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NO.:**

**SOAH DOCKET NO. 453-04-2300.M5**

MDR Tracking Number: M5-03-0776-01

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 11/14/02.

**I. DISPUTE**

Whether there should be reimbursement for a work hardening program from 12/10/01 through 1/10/02. The services dated 12/10/01 through 12/21/01 were denied by the carrier based upon "F" documentation does not support the service billed. Services from 1/7/02 through 1/10/02 were denied as not preauthorized.

**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 provided activity notes for the disputed services indicating that on each day of treatment the injured worker was involved in several hours of physical conditioning and work simulation. The requestor also submitted notes verifying the injured workers was involved in group therapy as part of the program. On this basis, the documentation provided by the requestor supports that a multi-disciplinary work hardening program from 12/1/01 through 12/21/01 was delivered to the injured worker.

CPT code 97545-WH (9 dates of service, 18 units). Per the 1996 Medical Fee Guideline, Medicine Ground Rule (II)(D), requestor has daily work hardening notes to support the work hardening program. Reimbursement at the non-CARF rate is recommended ( $\$51.20 \times 18 = \$921.60$ ).

CPT code 97546-WH (9 dates of service, 26 units). Per the 1996 Medical Fee Guideline, Medicine Ground Rule (II)(D), requestor has submitted daily work hardening notes to support the work hardening program. Reimbursement at the non-CARF rate is recommended ( $\$51.20 \times 26 = \$1,331.20$ ).

The disputed services from 1/7/02 through 1/10/02 were denied by the respondent on the basis of lack of preauthorization. Rule 134.600 (b)(1) states, "The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury... when...

(B) preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care;"

Rule 134.600 (h) states, health care requiring preauthorization includes:...(i)

(2) work hardening or work conditioning services;"

Per TWCC Advisory 2001-14, prior to January 1, 2002, only work hardening and work conditioning programs in excess of six and four weeks respectively require preauthorization. Amended §134.600 provides an exemption from preauthorization and concurrent review for work hardening or work conditioning programs, if provided by a facility that is both accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) for work hardening. The requestor submitted no documentation verifying the facility was CARF accredited, therefore, preauthorization is necessary.

Per the requestor, preauthorization was provided by the insurance adjuster. However, the requestor failed to furnish either a copy of the withdrawal letter or the preauthorization number. The requestor did not properly request or receive preauthorization for the disputed services from 1/7/02 through 1/10/02; therefore, reimbursement for these services is not recommended.

### 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 work hardening 97545-WH and 97546-WH from 12/10/01 through 1/21/02 in the amount of **\$2,252.80**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$2,252.80** 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 3rd day of December 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
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RL/nlb