

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 March 10, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99080-73, 97545-WH and 97546-WH for dates of service May 23, 2002 through June 6, 2002.

II. RATIONALE

This dispute was initially docketed as a retrospective medical necessity dispute. Further review revealed that the respondent had denied payment for the work hardening as "A -- pre-authorization not obtained"; the requestor had obtained pre-authorization for dates of service June 4, 2002 through June 6, 2002 establishing the submitted request as a general fee dispute. The date of service May 23, 2002 was denied by the respondent as "T -- This procedure is included in another procedure on the same date of service." The disputed dates of service will be reviewed according to the 1996 Medical Fee Guideline.

CPT Code 99080-73 for date of service May 23, 2002 – Per §133.100(a) Medical reports shall be in a form and manner prescribed by the Commission; additional information may be attached. Per §133.106(f)(1) the fee the Commission considers fair and reasonable for a required report is \$15.00. The requestor submitted a copy of the TWCC-73 supporting services rendered as billed. Reimbursement in the amount of \$15.00 is recommended.

CPT Code 97545-WH (2 hours per day x 3 days = 6 hours for non-CARF allowance) for dates of service June 4, 2002 through June 6, 2002 – Per Commission Rule 133.301(a) the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments and services for which the health care provider has obtained preauthorization. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (II)(C) and (E) the requestor submitted office notes supporting services were rendered as billed. Reimbursement in the amount of \$307.20 (6 hours x \$51.20) is recommended.

CPT Code 97546-WH (6 hours per day x 3 days = 18 hours for non-CARF allowance) for dates of service June 4, 2002 through June 6, 2002 – Per Commission Rule 133.301(a) the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments and services for which the health care provider has obtained preauthorization. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (II)(C) and (E) the requestor submitted office notes supporting services were rendered as billed. Reimbursement in the amount of \$921.60 (18 hours x \$51.20) is recommended.

IV. 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 CPT codes 99080-43, 97545-WH and 97546-WH in the amount of \$1,243.80. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,243.80** 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 10th day of December 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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