

MDR Tracking Number: M5-03-1930-01

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 4/4/03.

I. DISPUTE

Whether there should be additional reimbursement for work hardening – 97545-WH and 97546-WH and functional capacity evaluation – 97750-FC from 7/10/02 through 9/10/02.

II. FINDINGS

The requestor initially filed a dispute for services from 7/10/02 through 9/10/02. The majority of the services were denied by the carrier for lack of medical necessity. Subsequently, the requestor withdrew all services denied for medical necessity, with the exception of the currently disputed work hardening from 8/12/02 through 8/14/02, which had been previously preauthorized and the functional capacity evaluation of 9/10/02 denied per the Medical Fee Guideline.

III. RATIONALE

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)

- (1) work hardening or work conditioning services;”

The requestor submitted a preauthorization letter from the carrier dated 8/7/02 granting preauthorization for three weeks of work hardening. Therefore the disputed work hardening from 8/12/02 through 8/14/02 had been preauthorized prior to delivery service. Reimbursement of 97545-WH x 3 units and 97546-WH x 3 units is recommended.

MFG, MGR, (I)((E)(2)(a) states, “FCE’s are allowed a maximum of three times for each injured worker. FCE’s shall be billed as code 97750-FC. FCEs shall be reimbursed at \$100 per hour for a maximum of five hours (\$500) for the initial test and two hours (\$200) for an interim and/or discharge test...” The documentation indicates the carrier properly reimbursed the requestor \$200.00 for the discharge test at the end of the work hardening program. No additional reimbursement 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 work hardening – 97545-WH and 97546-WH in the amount of **\$1,228.80**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,228.80** 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 27th day of April 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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