

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 08-20-03. The medical necessity issues were withdrawn on 10-01-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 97545-WH for dates of service 12-27-02 through 12-31-02 and 01-02-03, 01-06-03 through 01-08-03 and 01-10-03 and 01-13-03 and whether there should be reimbursement for CPT code 97546-WH for dates of service 01-07-03, 01-08-03 and 01-10-03.

II. FINDINGS

On 10-01-03, the Division submitted a Notice to the requestor to notify the requestor that per their request medical necessity issues were withdrawn. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT codes 97545-WH and 97546-WH denied for preauthorization which is required for non-CARF providers. Preauthorization was given for code 97546 for a two week trial of work hardening. Per 96 *Medical Fee Guideline* Medicine Ground Rule (II)(E)(3-5) work hardening should be billed as code 97545-WH for the first two hours of each session and code 97546-WH for each additional hour. The respondent has reimbursed the requestor in the amount of \$1,638.40 for CPT code 97546-WH for dates of service 12-27-02 through 01-13-03 for a total of six (6) dates of service. Additional reimbursement for CPT code 97546-WH for dates of service 1-7-03, 1-8-03 and 1-10-03 in the amount of \$307.20 times three (3) dates of service is recommended for a reimbursement in the amount of \$921.60. Reimbursement for CPT code 97545-WH for dates of service 12-27-02 through 01-13-03 for a total of nine (9) dates of service in the amount of \$102.40 times nine(9) is recommended in the amount of \$921.60. The total recommended reimbursement for CPT codes 97545-WH and 97546-WH is \$1,843.20.

This Findings and Decision is hereby issued this 12th day of April 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

IV. DECISION AND 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 97545-WH and 97546-WH. Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 12-17-02 through 06-25-03 in this dispute.

This Order is hereby issued this 12th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh