



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Elite Healthcare Garland

Respondent Name

Fedex Freight East Inc

MFDR Tracking Number

M4-14-3362-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

July 9, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am not sure what method of billing and percentage Sedgwick is using however it is not applicable to the CARF and MAR rule."

Amount in Dispute: \$544.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...the carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

Response submitted by: Flahive Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 7, 2014 – April 10, 2014	97545, 97546	\$544.00	\$544.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.240 sets guidelines for medical payments and denials.
3. 28 Texas Administrative Code §134.204 sets out the medical fee guidelines for workers' compensation specific services.
4. The services in dispute were denied/reduced with the following reason codes:
 - 309 – The charge for this procedure exceeds the fee schedule allowance
 - 193 – Original payment decision is being maintained

Issues

1. Did the requestor support additional payment is due?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.202(h) states in pertinent parts, "The following shall be applied to Return To Work Rehabilitation Programs for billing and reimbursement of Work Conditioning/General Occupational Rehabilitation Programs, Work Hardening/Comprehensive Occupational Rehabilitation Programs, Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs, and Outpatient Medical Rehabilitation Programs. (B) If the program is not CARF accredited, the only modifier required is the appropriate program modifier. The hourly reimbursement for a non-CARF accredited program shall be 80 percent of the MAR. (3) For Division purposes, Comprehensive Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Hardening. (A) The first two hours of each session shall be billed and reimbursed as one unit, using CPT Code 97545 with modifier "WH." Each additional hour shall be billed using CPT Code 97546 with modifier "WH." (B) Reimbursement shall be \$64 per hour. Units of less than one hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes."

Review of the disputed charges finds the following;

Date of Service	Submitted Code	Units	Amount billed	MAR
April 7, 2014	97545	1	102.40	\$64.00 x 80% = 51.20 x 2 units = \$102.40
April 7, 2014	97546	6	307.20	\$64.00 x 80% = 51.20 x 6 units = \$307.20
April 8, 2014	97545	1	102.40	\$64.00 x 80% = 51.20 x 2 units = \$102.40
April 8, 2014	97546	6	307.20	\$64.00 x 80% = 51.20 x 6 units = \$307.20
April 9, 2014	97545	1	102.40	\$64.00 x 80% = 51.20 x 2 units = \$102.40
April 9, 2014	97546	6	307.20	\$64.00 x 80% = 51.20 x 6 units = \$307.20
April 10, 2014	97545	1	102.40	\$64.00 x 80% = 51.20 x 2 units = \$102.40
April 10, 2014	97546	6	307.20	\$64.00 x 80% = 51.20 x 6 units = \$307.20
		Total	1,638.40	\$1,638.40

2. Review of the submitted documentation finds that the total maximum allowable reimbursement is \$1,638.40. The carrier previously paid \$1,094.40. The requestor is seeking \$544.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$544.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$544.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October , 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.