



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

James A. Mitchell, DC

Respondent Name

Dallas Area Rapid Transit

MFDR Tracking Number

M4-21-2355-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

August 18, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 21, 2021	CPT Code 99213	\$0.00	\$0.00
	CPT Code 99080-73	\$0.00	\$0.00
	CPT Code 97545-WH	\$102.40	\$102.40
	CPT Code 97546-WH (X2)	\$102.40	\$102.40
Total		\$204.80	\$204.80

Requestor's Position

"The correct based code was used when initially billed for this date of service (see attached HCFA) The person who created the EOB entered the incorrect information in the system and changed the code."

Amount in Dispute: \$204.80

Respondent's Position

The Austin carrier representative for Dallas Area Rapid Transit is Hoffman Kelly LLP. Hoffman Kelly LLP received a copy of this medical fee dispute on August 24, 2021. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information

As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.230 sets out the reimbursement guidelines for return to work rehabilitation programs.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 292-This procedure code is only reimbursed when billed with the appropriate initial base code.
- 107-Claim/service denied because the related or qualifying claim/service was not previously paid or identified on this claim.
- OA-The amount adjusted is due to bundling or unbundling of services.

Issues

1. Is Dallas Area Rapid Transit's denial based on billing errors supported?
2. Is Dr. Mitchell entitled to reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$204.80 for work hardening program rendered May 21, 2021.

The respondent denied reimbursement for the disputed work hardening program based upon reason codes "292," "107," and "OA."

The requestor contends that reimbursement is due because the disputed work hardening program was billed correctly and preauthorized. In support of their position, the requestor submitted a copy of a preauthorization report from Sedgwick dated April 15, 2021 authorizing 80 hours of work hardening program; and the CMS-1500s that list 97545-WH and 97546-WH.

The fee guideline for work hardening services is found in 28 TAC §134.230.

- 28 TAC §134.230(1) states "Accreditation by the CARF is recommended, but not required. (A) If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the maximum allowable reimbursement (MAR). (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."
- 28 TAC §134.230(3) states, "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." CARF accredited programs shall add "CA" as a second modifier. (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 eight minutes and less than 23 minutes."

The DWC reviewed the submitted billing and finds the requestor billed for a non-CARF accredited work hardening program in accordance with 28 TAC §134.230.

On the disputed date of service, the requestor billed for an office visit, CPT code 99213, a work status report, CPT code 99080-73, and the work hardening program 97545-WH and 97546-WH. The DWC finds the respondent's denial of payment is not supported because the work hardening program is not bundled to the office visit or work status report.

2. The following table reflects the DWC's findings:

CODE	No. of Hours	MAR	IC PAID	AMOUNT DUE
97545-WH	2	\$64.00 X 80% = \$51.20 X 2 hours =\$102.40	\$0.00	\$102.40
97546-WH	2	\$64.00 X 80% = \$51.20 X 2 hours =\$102.40	\$0.00	\$102.40

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$204.80 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Dallas Area Rapid Transit must remit to Dr. James Mitchell \$204.80 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	11/17/21
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.