Division of Workers' Compensation

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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
PEAK INTEGRATED HEALTHCARE

Respondent Name
INCLINE CASUALTY COMPANY

MFDR Tracking Number
M4-23-0937-01

Carrier's Austin Representative
Box Number 01

DWC Date Received
December 22, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 25, 2022	97545-WH and 97546-WH	$204.80	$204.80
September 19, 2022	99213, 99080-73	$182.22	$182.22
	Total	$387.02	$387.02

Requestor's Position

"I have attached the authorization for the dates of service. These services billed are PREAUTHORIZED work hardening visits. Per RULE 136,600 [sic], the carrier shall not withdraw pre-authorized once issued. I have also attached GENEX Work Hardening Approval REF # 5731554 that was determined to be medically necessary and within guidelines for compensable injury. Therefore, these bills and units billed should be paid in full."

Amount in Dispute: $387.02

Respondent's Position

"Upon notification of the dispute, Salus reviewed our medical bill review and claim management system, and determined that these bills were denied based on extent of injury. The Designated Doctor determined the compensable injury…"

Response Submitted by: SALUS

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 §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §134.230, sets out the reimbursement guidelines for return-to-work rehabilitation programs.
4. 28 TAC §129.5 sets out the fee guidelines for the work status reports.

Denial Reasons

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

- P2 – Not a work-related injury/illness and thus not the liability of the workers compensation carrier.
- 296 – This billing is for a service unrelated to the work illness or injury.
- Note: Prior authorization is not a guarantee that benefits are payable. Designated doctor determined the compensable injury doesn't, extend to include…No additional allowance is due. Services performed by: MITCHELL JAMES
- W3 – Bill is a reconsideration or appeal.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. What are the services in dispute?
2. Is the Insurance Carrier's denial of extent of injury supported?
3. Is the requestor entitled to reimbursement for CPT Code 99080-73?
4. Is the requestor entitled to reimbursement for CPT Code 99213?
5. Is the requestor entitled to reimbursement for CPT Codes 97545-WH and 97546-WH?
6. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes CPT Codes 97545-WH and 97546-WH rendered on August 25, 2022 and CPT Codes 99213 and 99080-73 rendered on September 19, 2022.

   The insurance carrier denied CPT Codes 99213 and 99080-73 with denial reduction codes P2 and 296 and CPT Codes 97545-WH and 97546-WH with denial reduction codes 2005 and "Note" (descriptions provided above).

28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

The requestor billed CPT Code 99213.

- CPT Code 99213 is defined as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter."
- The DWC finds that 28 TAC §134.203 applies to the billing and reimbursement of CPT Code 99213.

The requestor billed CPT Code 99080-73.

- CPT Code 99080-73 is described as "Work status report." DWC-73 form.
- 28 TAC §134.239 states, "When billing for a work status report that is not conducted as a part of the examinations outlined in §134.240 and §134.250 of this title, refer to §129.5 of this title."
- The DWC finds that 28 TAC §129.5 applies to the billing and reimbursement of CPT Code 99080-73.

The requestor billed CPT Codes 97545-WH and 97546-WH.

- CPT Code 97545-WH is described as Work Hardening/Comprehensive Occupational Rehabilitation Programs. The first two hours of each session shall be billed and reimbursed as one unit, using CPT code 97545 with modifier "WH".
- CPT Code 97546-WH is described as, Work Hardening/Comprehensive Occupational Rehabilitation Programs. Each additional hour shall be billed using CPT code 97546 with modifier "WH".
- 28 TAC §134.230(3) states, "For division purposes, Comprehensive Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Hardening.
- The DWC finds that 28 TAC §134.230 applies to the billing and reimbursement of CPT Codes 97545-WH and 97546-WH.

2. The insurance carrier denied/reduced CPT Codes 99213, 99080-73, 97545-WH and 97546-WH due to an unresolved extent of injury issue. 28 TAC §133.305(b) states that if a dispute over the extent of a covered work injury exists for the same service for which there is a medical fee dispute, the dispute regarding the extent of injury shall be resolved prior to the submission of a medical fee dispute.

Review of the documentation submitted by the parties finds that the carrier did not provide documentation to the Division to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H). The respondent did not submit information to MFDR, sufficient to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the Division; therefore, the division finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240.

Because the services in dispute do not contain an unresolved extent of injury issue, this matter is eligible for adjudication of a medical fee under 28 TAC §133.307. For that reason, CPT Codes 99213, 99080-73, 97545-WH and 97546-WH are addressed pursuant to the applicable rules and guidelines.

3. CPT Codes 99080-73 rendered on September 19, 2022 was denied with denial reasons indicated above. The DWC found that the insurance carrier's denial reasons are not supported as a result, the requestor is entitled to reimbursement for the disputed service.

   28 TAC §129.5(i)(1) states "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be $15. A doctor shall not bill in excess of $15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section."

   28 TAC §129.5 (d)(1) and (2) states "The doctor shall file the Work Status Report: (1) after the initial examination of the employee, regardless of the employee's work status; (2) when the employee experiences a change in work status or a substantial change in activity restrictions."

   Review of the DWC 73 rendered on September 19, 2022 finds that the requestor met the documentation requirements outlined in 28 TAC §129.5, therefore, reimbursement of $15.00 is recommended for this report.

4. CPT Code 99213 rendered on September 19, 2022 was denied with denial reasons indicated above. The DWC found that the insurance carrier's denial reasons are not supported and therefore the requestor is entitled to reimbursement for this CPT Code.

   28 TAC §134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for

calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year…"

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

Date of service rendered in 2022

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the service was provided in zip code 75211; the Medicare locality is "Dallas."
- The Medicare Participating amount for CPT code 99213 at this locality is $92.65.
- Using the above formula, the DWC finds the MAR is $167.22.
- The respondent paid $0.00.
- The requestor is due $167.22.

5. The requestor seeks reimbursement in the amount of $204.80 for work hardening services rendered on August 25, 2022. The DWC found that the insurance carrier's denial reasons are not supported as a result, the requestor is entitled to reimbursement for the disputed services.

   The requestor contends that reimbursement is due because the services were preauthorized. In support of their position, the requestor submitted a copy of a preauthorization report dated August 23, 2022, preauthorizing 80 hours of a work hardening program. The documentation submitted does not indicate that the requestor exceeded the preauthorized hours, as a result reimbursement is recommended.

   The fee guideline for work hardening program is found in 28 TAC §134.230. To determine the appropriate reimbursement for the work hardening program, the DWC refers to the following statute:

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

CPT CODE	NO. OF HOURS	MAR 80% of $64.00 = $51.20	AMOUNT IN DISPUTE	IC PAID	AMOUNT DUE
97545-WH	2	$64.00 x 2 units = $102.40	$102.40	$0.00	$102.40
97546-WH	2	$64.00 x 2 units = $102.40	$102.40	$0.00	$102.40
TOTAL	4	$204.80	$204.80	$0.00	$204.80

6. The DWC finds that the requestor has established that reimbursement in the amount of $387.02 is due. The requestor is due $387.02.

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.

The DWC finds the requester has established that reimbursement of $387.02 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 the Respondent must remit to the Requestor $387.02 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	April 3, 2023 Date

Your Right to Appeal

Parties to this medical fee dispute have a right to seek review of this decision under 28 TAC §133.307. 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 the 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 electronico CompConnection@tdi.texas.gov.