

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Brandon Coby Marrow

Respondent Name

Indemnity Insurance of North America

MFDR Tracking Number

M4-23-1030-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

January 5, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
12/5/2022	97545	\$44.80	\$0.00
12/5/2022	97546	\$44.80	\$0.00
12/6/2022	97545	\$44.80	\$0.00
12/6/2022	97546	\$44.80	\$0.00
12/7/2022	97545	\$44.80	\$0.00
12/7/2022	97546	\$44.80	\$0.00
12/8/2022	97545	\$44.80	\$0.00
12/8/2022	97546	\$44.80	\$0.00
Total		\$358.40	\$0.00

Requestor's Position

"The attached claims were sent for reconsideration more than once because the number of units billed were not paid correctly. The CPT 97545 is billed with one unit, but should be paid for two hours (two units). CPT 97546 was billed with two units. Only one unit was paid for both of the CPT codes... I am requesting the additional money due to us for the units not paid correctly."

Amount in Dispute: \$358.40

Respondent's Position

The Austin carrier representative for Indemnity Insurance Co. of North America is Downs Stanford PC. The representative was notified of this medical fee dispute on January 9, 2023.

Per 28 Texas Administrative Code §133.307 (d)(1), if the Division of Workers' Compensation (DWC) does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 reduced payment for the disputed dates of service rendered on December 5-8, 2022, with the following claim adjustment codes:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' Compensation Jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- MA46 – The new information was considered but additional payment will not be issued.

Issues

1. Is the Insurance Carrier's reimbursement reduction of the disputed services rendered on December 5-8, 2022, supported?
2. Is the Requester entitled to additional reimbursement for four disputed dates of service, December 5-8, 2022?

Findings

1. The Insurance Carrier (IC) reduced payment of 1 unit of CPT code 97545-WC each date rendered on December 5, 6, 7, 8, 2022 and 2 units of CPT code 97546-WC each date rendered on December 5, 6, 7, 8, 2022 for reasons 309, P12 and N600 described above.

Review of the submitted Work Hardening Daily Activity Log, for dates of service December 5-8, 2022, finds that the health care provider documented 4 total hours of WC activity on each date of service. The first two hours were billed as 1 unit of CPT 97545-WC and the subsequent two hours were billed as 2 units of CPT code 97546-WC on each date of service.

The division notes that although the medical record document is titled "Work Hardening", the requester billed CPT codes 97545 and 97546 using the "WC" modifier.

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(2) sets out MAR for Work Conditioning(WC) reimbursement, states, "For division purposes, General Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Conditioning. (A) The first two hours of each session shall be billed and reimbursed as one unit, using CPT code 97545 with modifier "WC." Each additional hour shall be billed using CPT code 97546 with modifier "WC." CARF accredited programs shall add "CA" as a second modifier. (B) Reimbursement shall be \$36 per hour..."

In accordance with TAC §134.230, review of submitted documents finds that the requester billed for charges in excess of MAR on all four disputed dates of services.

The division finds that the IC's reduced reimbursement reason is supported.

2. Requester is seeking additional reimbursement for CPT code 97545-WC and 97546-WC rendered on dates of service, December 5-8, 2022.

The division finds that a total of 4 hours of work conditioning program are documented on each date of service December 5-8, 2022, for a total of four dates of service.

As outlined above in finding number 1, CPT code 97545-WC is used to bill for the first 2 hours of a WC program and CPT code 97546-WC is used to bill for each additional hour over the first 2 hours of a work conditioning program.

- In accordance with TAC §134.230, described above in finding number 1, the following calculation is applied to determine MAR for 1 unit (2 hours) of CPT 97545-WC:
\$72.00/unit x 1 unit = \$72.00 MAR; 80% (non-CARF provider) of MAR = \$57.60.

The submitted documentation finds that the IC reimbursed to the requester \$57.60 per 1 unit of CPT 97545-WC on all four dates of service.

- In accordance with TAC §134.230, described above in finding number 1, the following calculation is applied to determine MAR for 2 units of CPT 97546-WC:

\$36.00/unit x 2 units = \$72.00 MAR; 80% (non-CARF provider) of MAR = \$57.60

The submitted documentation finds that the IC reimbursed to the requester \$57.60 per 2 units of CPT 97546-WC on all four dates of service.

The division finds that the requester is not entitled to additional reimbursement.

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 division finds that the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 21, 2023

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.