

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

Sentry Casualty Co.

MFDR Tracking Number

M4-23-1789-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 22, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
10/17/2022	97546-WH	\$204.80	\$0.00
11/18/2022	97546-WH	\$102.40	\$0.00
Total		\$307.20	\$0.00

Requestor's Position

Requestor's position summary taken from the request for reconsideration:

*Note that this position statement is taken from the request for reconsideration:

"The above dates of service were denied full payment stating, 'WORKERS COMPENSATION JURISDICTIONAL FEE ADJUSTMENT AND INFORMATION SUBMITTED DOES NOT SUPPORT THIS LENGTH OF SERVICE'. This is incorrect. All of the time treated has been documented and billed correctly, see attached... Please reprocess, for FULL payment to avoid MFDR..."

Amount in Dispute: \$307.20

Respondent's Position

"We have verified that we paid both dates of service correctly according to the medical records received and per TX workers' comp fee schedule. Please see below for explanation of pricing. DOS 10/17/22: •Provider billed 97545-WH with 1 unit and 97546-WH with 4 units. Per rule 134.204(h)(3)(A), CPT 97545 is for the first 2 hours and CPT 97546 is for each additional hour. Submitted medical records indicate that the number of hours completed was 2, hence CPT 97545-

WH paid in full for 2 hours and CPT 97546- WH denied. DOS 11/18/22: •Provider billed 97545-WH with 1 unit and 97546-WH with 4 units. Per rule 134.204(h)(3)(A), CPT 97545 is for the first 2 hours and CPT 97546 is for each additional hour. Submitted medical records indicate that the number of hours completed was 4, hence CPT 97545-WH paid in full for 2 hours and CPT 97546-WH paid per the additional 2 hours.”

Response Submitted by: Sentry Insurance

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 payment for the disputed date of service rendered on October 17, 2022, with the following claim adjustment codes:

- D57 – Additional time not documented. Note: Additional time has not been documented in the attached medical records. CPT 97545 is for the initial 120 minutes; CPT 97546 is for additional minutes above the initial 120 minutes. Please review and submit a corrected bill if needed.
- 152 – Payer deems the information submitted does not support this length of service.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 350 – Bill has been identified as a request for reconsideration or appeal.

The insurance carrier reduced payment for the disputed date of service rendered on November 18, 2022, with the following claim adjustment codes:

- P12 – Workers’ Compensation jurisdictional fee schedule adjustment.
- 320 – Non-accredited interdisciplinary program. Payment reduced to 20% below Mar or 20% below usual and customary.

Issues

1. Is the Insurance Carrier's denial of the disputed service rendered on October 17, 2022, supported?
2. Is the Insurance Carrier's reduced reimbursement of the disputed service rendered on November 18, 2022, supported?
3. Is the Requester entitled to reimbursement for disputed date of service October 17, 2022?
4. Is the Requester entitled to additional reimbursement for disputed date of service November 18, 2022?

Findings

1. The Insurance Carrier (IC) denied payment of 4 units of CPT code 97546-WH rendered on October 17, 2022 due to "additional time not documented." It is noted that on the same date of service, the IC reimbursed the health care provider (HCP) for one unit of CPT code 97545-WH in the amount of \$102.40.

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'."

Review of the submitted medical record for date of service October 17, 2022, finds that on page 1 of 2, the Plan section, Office Procedures, RTW Program, the health care provider documented "Number of hours completed today: 2 HOURS..." Subsequent sections of the submitted medical record are not legible.

TAC §133.307(c) sets out medical fee dispute resolution filing requirements states "(c) Requests. Requests for MFDR must be legible and filed in the form and manner prescribed by the division..."

The division finds that the IC's denial of 97546-WH rendered on October 17, 2022, based on reason D57 above, additional time not documented, is supported.

2. The IC reduced reimbursement for disputed service CPT code 97546-WH rendered on November 18, 2022, in the amount of \$102.40, based on "Workers' Compensation jurisdictional fee schedule adjustment" and "non-accredited interdisciplinary program. Payment reduced to 20% below Mar or 20% below usual and customary." It is noted that on the same date of service, IC reimbursed the requester for CPT code 97545-WH in the amount of \$102.40.

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) sets out MAR for Work Hardening reimbursement, 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.”

Review of submitted medical record for date of service November 18, 2022, finds that on page 1 of 2, under the Plan section, Office Procedures, RTW Program, the health care provider documented “Number of hours completed today: 4 HOURS.” Subsequent sections of the submitted medical record are not legible.

TAC §133.307(c) sets out medical fee dispute resolution filing requirements states “(c) Requests. Requests for MFDR must be legible and filed in the form and manner prescribed by the division...”

The division finds that IC reduced reimbursement to the requester in accordance with TAC §134.230, therefore, the IC’s reimbursement reduction reason is supported.

3. Requester is seeking \$204.80 reimbursement for CPT code 97456-WH rendered on October 17, 2022.

As outlined above in Finding number 1, CPT code 97456-WH is used to bill for additional hours over the first 2 hours of a work hardening program.

Review of submitted documentation finds that the requester did not document additional hours of service over the first 2 hours on date of service October 17, 2022. Therefore, the division finds that the requester is not entitled to reimbursement for CPT code 97456-WH rendered on October 17, 2022.

4. Requester is seeking additional reimbursement for CPT code 97546-WH rendered on November 18, 2022.

The division finds that a total of 4 hours of work hardening program are documented on November 18, 2022. Per Explanation of Review submitted, the first two hours of service have been reimbursed via CPT code 97545-WH in accordance with TAC §134.230. Therefore, two hours of CPT code 97546-WH are reimbursable on same date.

In accordance with TAC §134.230, the following calculation is applied to determine MAR for 2 units of CPT 97546-WH:

$$\$64.00 / \text{unit} \times 2 \text{ units} = \$128.00 \text{ MAR}; 80\% (\text{non-CARF provider}) \text{ of MAR} = \$102.40$$

Submitted documentation finds that the IC reimbursed the requester \$102.40 for CPT 97546-WH rendered on November 18, 2022.

The division finds that the IC properly reimbursed the requester for the disputed service in accordance with 28 TAC §134.230, which sets out the reimbursement guidelines for return to work rehabilitation programs. Therefore, the division finds that the requester is not entitled to additional reimbursement for CPT code 97456-WH rendered on November 18, 2022.

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 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 7, 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.