



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

North Texas Rehabilitation Center

MFDR Tracking Number

M4-23-2063-01

Respondent Name

Imperium Insurance Co.

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 19, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
05/24/2022	97546 WH, CA	\$320.00	\$320.00
06/28/2022	97546 WH, CA	\$320.00	\$320.00
Total		\$640.00	\$640.00

Requestor's Position

"We are filing a Medical Fee Dispute Resolution due to the continued denials for additional units. The dates of service May 24 and June 28, 2022 were billed with 2 line items, first, 97545WH, CA, this is in accordance to the Texas Fee Guidelines and we were paid at \$128. The second line item was the additional hours the patient spent in the program for the day and cannot be billed without the first. This code 94546WH, CA was to be paid at \$64 per hour. We were only paid for one hour and we billed for 6 additional hours...."

Amount in Dispute: \$640.00

Respondent's Position

The Austin carrier representative for Imperium Insurance Co. is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on May 2, 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.

Adjustment Reasons

The insurance carrier reduced payment for the disputed dates of service with the following claim adjustment codes:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' Compensation Jurisdictional fee schedule adjustment.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is the Insurance Carrier's reimbursement reduction of the disputed services supported?
2. Is the Requester entitled to additional reimbursement for disputed dates of service, May 24, 2022, and June 28, 2022?

Findings

1. Per medical bills submitted, the requester billed 6 units of CPT code 97546-WH-CA each rendered on May 24, 2022 and on June 28, 2022. The Insurance Carrier (IC) reduced reimbursement in both cases to 1 unit of CPT code 97546-WH-CA, for reasons 309 and P12 described above.

Review of the submitted Work Hardening Daily Activity Log, for dates of service May 24 and June 28, 2022, finds that the health care provider documented 8 total hours of WH activity on each date of service. The first two hours were billed as 1 unit of CPT 97545-WC and the subsequent six hours were billed as 6 units of CPT code 97546-WH-CA on each date of service.

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, General 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 documents finds that the requester performed, documented and billed for WH services using appropriate codes, modifiers and units in compliance with TAC §134.230.

The division finds that the IC's reduced reimbursement reason is not supported.

2. Requester is seeking additional reimbursement for CPT code 97546-WH-CA x 6 units each date rendered on dates of service, May 24 and June 28, 2022.

The division finds that a total of 8 hours of WH program are documented on each disputed date of service.

As outlined above in finding number 1, CPT code 97546-WH-CA is used to bill for each additional hour over the first 2 hours of a work conditioning program provided by a CARF accredited provider and shall be reimbursed \$64.00 per hour(unit).

- In accordance with TAC §134.230, described above in finding number 1, the following calculation is applied to determine MAR for 6 hours (6 units) of CPT 97546-WH-CA:

$$\$64.00/\text{unit} \times 6 \text{ unit} = \$384.00 \text{ MAR.}$$

The submitted documentation finds that the IC previously reimbursed to the requester \$64.00 for CPT 97546-WH-CA on each disputed date of service. The requester is due the difference in amount previously paid and the MAR amount calculated above for each disputed date of service.

The division finds that the requester is entitled to additional reimbursement in the amount of \$320.00 for CPT code 97546-WH-CA rendered on May 24, 2022, and is entitled to additional reimbursement in the amount of \$320.00 for CPT code 97546-WH-CA rendered on June 28, 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 that the requester has established that additional reimbursement in the amount of \$640.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Imperium Insurance Co. must remit to North Texas Rehabilitation Center \$640.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	June 29, 2023
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.