

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

North Texas Rehabilitation Center

**MFDR Tracking Number**

M4-23-2224-01

**Respondent Name**

AIU Insurance Co.

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 5, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
01/09/2023	97546 WH, CA	\$320.00	\$320.00

### Requestor's Position

"The date of service January 9, 2023 was 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 addition 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 \$64per hour. We were only paid for one hour and we billed for 6 additional hours."

**Amount in Dispute:** \$320.00

### 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 16, 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 date of service with the following claim adjustment codes:

- Bill review note – The charge for this procedure exceeds the fee schedule allowance.
- Bill review note – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract, or carrier decision.
- 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 date of service, January 9, 2023?

### Findings

1. Per medical bills submitted, the requester billed 6 units of CPT code 97546-WH-CA rendered on January 9, 2023. The Insurance Carrier reduced reimbursement to 1 unit of CPT code 97546-WH-CA, for reasons "charge for this procedure exceeds the fee schedule allowance" and P12, described above.

Review of the submitted Work Hardening Daily Activity Log, for date of service January 9, 2023, finds that the health care provider documented 8 total hours of WH activity on this date of service. The first two hours were billed as 1 unit of CPT 97545-WC-CA and the subsequent six hours were billed as 6 units of CPT code 97546-WH-CA.

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 insurance carrier's reduced reimbursement reason is not supported.

2. Requester is seeking additional reimbursement for CPT code 97546-WH-CA x 6 units rendered on January 9, 2023.

The division finds that a total of 8 hours of WH program were documented on the 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 insurance carrier previously reimbursed to the requester \$64.00 for CPT 97546-WH-CA on disputed date of service. The requester is due the difference in the amount previously paid and the MAR amount calculated above.

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 January 9, 2023.

### 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 \$320.00 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 AIU Insurance Co. must remit to North Texas Rehabilitation Center \$320.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

_____	_____	June 30, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).