



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

Parker Hannifin Corp.

**MFDR Tracking Number**

M4-24-0380-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

September 27, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 5, 2022	99203	\$205.43	\$0.00
July 5, 2022	99080-73	\$15.00	\$0.00
October 7, 2022	99361-W1	\$113.00	Dismissed
June 28, 2023	97545-WH	\$102.40	\$102.40
June 28, 2023	97546-WH	\$102.40	\$102.40
June 29, 2023	97545-WH	\$0.00	\$0.00
June 29, 2023	97546-WH	\$102.40	\$102.40
August 22, 2023	99213	\$174.71	Dismissed
August 22, 2023	99080-73	\$15.00	Dismissed
<b>Total</b>		\$830.34	\$307.20

## Requestor's Position

"The attached dates of service were denied after being sent for reconsideration. They should be paid in full as all others."

**Amount in Dispute:** \$830.34

## Respondent's Position

"...the carrier has already paid the provider for the July 5, 2022, date of service... We are attaching a copy of the provider's CMS 1500, the carrier's EOB the recommended payment of \$220.43 and proof of the payment in that amount... The provider never submitted a request for reconsideration to the carrier for the October 7, 2022, date of service. Yet, before the provider is entitled to medical fee dispute resolution, the provider must file a request for reconsideration with the carrier... The provider is seeking payment for work hardening services of June 28th and June 29, 2023. Yet, the provider has not included any proof that the services were preauthorized... The August 22, 2023, date of service is so close to the provider's filing of the DWC-60 that it is clear that there has not been sufficient time in order for the provider to file the DWC-60. Before the provider can file the DWC-60, the provider must submit a medical bill to the carrier. It is the carrier's position that it never received a medical bill. However, if the provider does not receive the carrier's EOB in response to the provider's medical bill by the 50th day following the carrier's receipt of the medical bill, the provider can file a request for reconsideration. If the carrier fails to respond to the request for reconsideration, then on the 35th day following the date of the carrier's receipt of the request for reconsideration, the provider may file a DWC-60. Yet, the DWC-60 in this case was filed only 41 days after the date of service."

**Response Submitted by:** FLAHIVE, OGDEN & LATSON

## 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 Medical Fee Dispute Resolution requests.
2. [28 TAC §133.250](#) sets out the procedures for reconsideration of medical bills.
3. [28 TAC §133.240](#) sets out the procedures for medical bill processing by insurance carriers.
4. [28 TAC §134.230](#) sets out the reimbursement guidelines for return-to-work rehabilitation programs.

## Adjustment Reasons

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

DOS October 7, 2022:

- P16 - MEDICAL PROVIDER NOT AUTHORIZED/CERTIFIED TO PROVIDE TREATMENT TO INJURED WORKERS IN THIS JURISDICTION.
- 5103 - TREATMENT DENIED RELATIVE TO THIS WORKERS COMPENSATION CLAIM.

DOS June 28, 2023:

- 5258 - THIS SERVICE/BILL HAS BEEN DENIED BASED ON MATTERS INVOLVING COMPENSABILITY, EXTENT OF INJURY, DISABILITY, MMI AND/OR IMPAIRMENT RATING.

DOS June 29, 2023, in reference to code 97546-WH:

- 4 - THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
- 10 - THE BILLED SERVICE REQUIRES THE USE OF A MODIFIER CODE.
- 16 - CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.
- W3 – BILL IS A RECONSIDERATION OR APPEAL.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 2005 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.

DOS June 29, 2023, in reference to code 97545-WH:

- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 1001 - BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.
- 2008 - ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
- 5508 -COMPREHENSIVE REVIEW CONSISTING OF THE APPLICATION OF EDITS AND RULES SET FORTH BY THE AMERICAN MEDICAL ASSOCIATION'S CURRENT PROCEDURAL TERMINOLOGY MANUAL COUPLED WITH CODING GUIDELINES DEVELOPED BY NATIONAL SOCIETIES AND PREVAILING INDUSTRY STANDARDS AND CODING PRACTICES.
- W3 – BILL IS A RECONSIDERATION OR APPEAL.

## Issues

1. Which dates of service in dispute have been previously paid?
2. Is the disputed date of service October 7, 2022, eligible for Medical Fee Dispute Resolution (MFDR)?
3. Did the insurance carrier raise a new defense in its response regarding the denial of work hardening services rendered on June 28, 2023, and June 29, 2023?
4. Is the dispute for services rendered on June 28, 2023, subject to dismissal based on compensability and/or extent of injury?
5. Is the insurance carrier's denial reason(s) of CPT code 97546-WH rendered on June 29, 2023, supported?
6. Is the disputed date of service August 22, 2023, eligible for Medical Fee Dispute Resolution (MFDR)?
7. Is the requestor entitled to reimbursement for any of the services in dispute?

## Findings

1. Peak Integrated Healthcare is requesting payment in the total amount of \$830.34 for disputed services provided July 5, 2022, through August 22, 2023, in accordance with the DWC060 Medical Fee Dispute Resolution (MFDR) request form and summary table submitted by the requestor. A review of the explanation of benefits (EOB) documents submitted finds that the following services have previously received payment:
  - Reimbursement for full charges was allowed in the amount of \$220.43 for CPT codes 99203 and 99080-73 rendered on date of service July 5, 2022, per EOB dated August 5, 2022.
  - Reimbursement for full charges was allowed in the amount of \$102.40 for CPT code 97545-WH rendered on date of service June 29, 2023, per EOB dated September 13, 2023. It should be noted that although this CPT code on this date of service is listed on the DWC060 dispute request form, it is not in dispute.

DWC finds that the requestor has previously been reimbursed payment in full for the above services. Therefore, these services will not be further reviewed.

2. The requestor is seeking reimbursement in the amount of \$113.00 for CPT code 99361-W1 rendered on October 7, 2022. This service was denied for reimbursement per EOB dated November 18, 2022.

Per 28 TAC §133.250, the health care provider is permitted to file for medical fee dispute resolution only after it has filed for reconsideration. The healthcare provider has 10 months from the date of service to request a reconsideration. Ten months from the disputed date of service October 7, 2022, would have been August 7, 2023. Documentation submitted by the

requestor does not sufficiently support that a reconsideration was sought prior to the filing of the request for MFDR.

Because the requestor has not sufficiently supported that a reconsideration was requested, DWC finds that the disputed service rendered on October 7, 2022, is not eligible for MFDR. As a result, DWC finds that good cause exists to dismiss this service rendered on October 7, 2022, according to 28 TAC §133.307.

3. In its position statement, the respondent defends the denial of the work hardening services rendered on June 28 and 29, 2023, by raising the issue of a lack of preauthorization. The response from the insurance carrier is required by 28 TAC §133.307 (d)(2)(F) to address only the denial reasons presented to the health care provider before the request for MFDR was filed with DWC. Any new denial reasons or defenses raised shall not be considered in this review.

A review of the submitted documentation does not support that a denial based on lack of preauthorization was provided to the healthcare provider before this request for MFDR was filed. Therefore, DWC will not consider this argument in the current dispute review.

4. The insurance carrier denied CPT codes 97545-WH and 97546-WH, rendered on June 28, 2023, based on matters of relatedness to compensability.

28 TAC §133.305(b) requires that "If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021."

The respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves compensability or liability. Review of the submitted documentation finds that the respondent failed to attach a copy of a related PLN on behalf of the insurance carrier to support a denial based on relatedness to the compensable injury.

The dispute of services rendered on June 28, 2023, is not subject to dismissal as the denial reason was not sufficiently supported. Therefore, CPT codes 97545-WH and 97546-WH, rendered on June 28, 2023, will be reviewed for adjudication.

The CPT codes 97545-WH and 97546-WH are described as Work Hardening within a Return-to-Work Rehabilitation Program.

Per 28 TAC §134.600, which sets out the preauthorization requirements of health care services, states in pertinent part, "(p) Non-emergency health care requiring preauthorization includes... (4) all work hardening or work conditioning services... "

28 TAC §134.600 also states in pertinent part, "(c) The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..." Furthermore, per 28 TAC §134.600, "(l) The insurance carrier shall not withdraw a preauthorization or concurrent utilization review approval once issued."

A review of the submitted documents finds that there is a utilization review on record dated June 27, 2023, authorizing 80 hours of work hardening to be completed between the dates of June 21 and October 20, 2023. DWC finds that the disputed CPT codes 97545-WH and 97546-WH, rendered on June 28, 2023, were authorized prior to the disputed service dates in accordance with 28 TAC §134.600. Therefore, the work hardening services in dispute will be reviewed for reimbursement in accordance with the applicable TAC Rules.

On the disputed date of service, June 28, 2023, the requestor documented and billed for CPT code 97545-WH x 1 unit and for CPT code 97546-WH x 2 units.

28 TAC §134.230 sets out reimbursement guidelines for Return-to-Work Rehabilitation programs, stating in pertinent part, "(1) 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... (3) 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." ... (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."

In accordance with TAC §134.230, the following calculation is applied to determine MAR for each hour of CPT codes 97545-WH and 97546-WH rendered:

- \$64.00/ hour X 80% of MAR (non-CARF provider) = MAR \$51.20/ hour for non-CARF provider on disputed date of service.
- The requestor billed 2 hours (1 unit) of CPT 97545-WH. Using the formula above, \$51.20/hour x 2 hours = MAR \$102.40 for CPT 97545 x 1 unit on disputed date of service.

- The requestor billed 2 hours (2 units) of CPT 97546-WH. Using the formula above, \$51.20/hour X 2 hours = MAR \$102.40 for CPT 97456 x 2 units on disputed date of service.
- The total MAR for work hardening services rendered by a non-CARF accredited provider on June 28, 2023 = \$204.80.
- The insurance carrier paid \$0.00.
- Reimbursement in the amount of \$204.80 is recommended for work hardening services rendered on June 28, 2023.

5. On the disputed date of service June 29, 2023, the requestor billed for one unit of CPT code 97545-WH and two units of 97456-WH. The insurance carrier issued payment in full for CPT code 97545-WH X 1 unit but denied CPT code 97546-WH X 2 units, based on reasons involving an incorrect or missing modifier and a lack of information or claim submission errors.

A review of the submitted documentation finds that the requestor appropriately documented and appended the required modifier when billing for CPT code 97546-WH X 2 units rendered on June 29, 2023, in accordance with 28 TAC §134.230. Therefore, the insurance carrier's denial reason based on incorrect or missing modifier and lack of information/claim submission error, is not supported.

Because the denial reason is not supported, CPT code 97546-WH X 2 units rendered on June 29, 2023, will be reviewed for reimbursement in accordance with 28 TAC §134.230.

In accordance with TAC §134.230, the following calculation is applied to determine MAR for each hour of 97546-WH rendered:

- \$64.00/ hour X 80% of MAR (non-CARF provider) = MAR \$51.20/ hour for non-CARF provider on disputed date of service.
- The requestor billed 2 hours (2 units) of CPT 97546-WH. Using the formula above, \$51.20/hour X 2 hours = MAR \$102.40 for CPT 97456 x 2 units on disputed date of service.
- The insurance carrier paid \$0.00.
- Reimbursement in the amount of \$102.40 is recommended for disputed CPT code 97456-WH X 2 units rendered by a non-CARF accredited provider on June 29, 2023.

6. The requestor is seeking reimbursement in the amount of \$189.71 for CPT codes 99213 and 99080-73 rendered on August 22, 2023. DWC received the request for MFDR on September 27, 2023, for this date of service. DWC finds that there were only thirty-six days between the disputed date of service and the date the request for MFDR was received by DWC.

28 TAC §133.240 states in pertinent part, "(a) An insurance carrier shall take final action after conducting bill review on a complete medical bill or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill),

not later than the 45th day after the date the insurance carrier received a complete medical bill.”

Per 28 TAC §133.250, the health care provider is permitted to file for medical fee dispute resolution only after it has filed for reconsideration. In accordance with 28 TAC 133.250 (c) “A health care provider shall not submit a request for reconsideration until: (1) the insurance carrier has taken final action on a medical bill; or (2) the health care provider has not received an explanation of benefits within 50 days from submitting the medical bill to the insurance carrier.”

A review of the submitted documentation finds that 45 days had not yet passed prior to the request for MFDR to allow the insurance carrier to take final action on the bill. DWC finds no evidence to support that the insurance carrier had taken final action on the disputed medical bill prior to MFDR request. In addition, 50 days had not yet passed from the date of the medical bill submission to allow for receipt of an explanation of benefits from the insurance carrier.

DWC finds that the request for this portion of the medical fee dispute resolution is premature and therefore not eligible for review. As a result, DWC finds that good cause exists to dismiss this dispute according to 28 TAC §133.307.

7. The requestor is seeking reimbursement in the total amount of \$830.34 for the services in dispute. As discussed above, services rendered on July 5, 2022, have been previously paid in full and the disputed CPT code 97545-WH rendered on June 29, 2023, has been previously paid as well. Also discussed in the findings above, the disputed dates of service October 7, 2022, and August 22, 2023, have been dismissed.

Because the insurance carrier’s denial reasons of work hardening services rendered on June 28 and 29, 2023, were not supported and because the evidence submitted supports that those services were preauthorized as required by 28 TAC §134.600, DWC finds that the requestor is entitled to reimbursement as follows:

- The requestor is entitled to reimbursement in the amount of \$204.80 for CPT codes 97545-WH X 1 unit and 97546-WH X 2 units rendered on June 28, 2023, as demonstrated in finding number 4 above.
- The requestor is entitled to reimbursement in the amount of \$102.40 for CPT code 97546-WH X 2 units rendered on June 29, 2023, as demonstrated in finding number 5 above.
- The requestor is entitled to reimbursement in the total amount of \$307.20 for the disputed dates of service June 28, 2023, and June 29, 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.

DWC finds the requestor has established that additional reimbursement is due in the total amount of \$307.20.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed dates of service June 28, 2023, and June 29, 2023. It is ordered that the Respondent, Parker Hannifin Corp., must remit to the Requestor, Peak Integrated Healthcare, \$307.20 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature:**

December 1, 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.tas.gov](mailto:CompConnection@tdi.tas.gov).