TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
TX Health DBA Injury 1 of Dallas

Respondent Name
Hartford Casualty Insurance Co.

MFDR Tracking Number
M4-24-1260-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
February 7, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 6, 2023	97750	$289.60	$0.00
September 8, 2023	97545	$92.16	$0.00
September 8, 2023	97546	$46.08	$0.00
	Total	$427.84	$0.00

Requestor's Position

"The carrier did not pay for the dates of service in dispute."

Amount in Dispute: $427.84

Respondent's Position

"DOS 9/8/23 processed on 10/26/23… cpt 97545 and 97546 was denied as not approved by adjuster: outside UR authorization window. DOS 9/6/23 cpt 97750 denied for appropriate modifier."

Response Submitted by: The Hartford

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 §134.600 sets out the procedures for preauthorization requirements of healthcare services.
3. 28 TAC §134.230 sets out the reimbursement guidelines for return-to-work rehabilitation programs.
4. 28 TAC §134.225 sets the reimbursement guidelines for FCEs.

Denial Reasons

- 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.
- 96 – NON-COVERED CHARGES.
- NABA – REIMBURSEMENT IS BEING WITHHELD AS THE TREATING DOCTOR AND/OR SERVICES RENDERED WERE NOT APPROVED BASED UPON HANDLER REVIEW.
- PPRJ – PAID WITHOUT PREJUDICE.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 1014 – THE ATTACHED BILLING HAS BEEN RE-EVALUATED AT THE REQUEST OF THE PROVIDER. BASED ON THIS REEVALUATION, WE FIND OUR ORIGINAL REVIEW TO BE CORRECT. THERFORE, NO ADDITIONAL ALLOWANCE APPEARS TO BE WARRANTED.

Issues

1. Is the insurance carrier's denial reason of the disputed CPT Code 97750 supported?
2. Is the requestor entitled to reimbursement for CPT code 97750?
3. Is the insurance carrier's denial reason of the disputed CPT codes 97545 and 97546 supported?
4. Is the requestor entitled to reimbursement of CPT codes 97545 and 97546?

Findings

1. The requestor billed the insurance carrier for a functional capacity evaluation (FCE) under CPT

code 97750-59 x 8 units, rendered on September 6, 2023.

The insurance carrier denied payment for the service in dispute based on incorrect modifier used or lack of an appropriate modifier code.

28 TAC §134.225, which sets guidelines for the billing and reimbursement of FCEs states, "The following applies to functional capacity evaluations (FCEs). A maximum of three FCEs for each compensable injury shall be billed and reimbursed. FCEs ordered by the division shall not count toward the three FCEs allowed for each compensable injury. FCEs shall be billed using CPT code 97750 with modifier 'FC.' FCEs shall be reimbursed in accordance with §134.203(c) of this title. Reimbursement shall be for up to a maximum of four hours for the initial test or for a division ordered test; a maximum of two hours for an interim test; and a maximum of three hours for the discharge test unless it is the initial test. Documentation is required. "

A review of the submitted medical bills finds that the appropriate modifier "FC" was not used to append CPT code 97750 in accordance with 28 TAC §134.225 when the requestor billed for the functional capacity evaluation on the disputed date of service.

DWC finds that denial of the disputed service, CPT code 97750-59, rendered on September 6, 2023, is supported.

2. The requestor is seeking reimbursement in the amount of $289.60 for 8 units of a functional capacity evaluation, CPT code 97750, rendered on September 6, 2023. Because the insurance carrier's denial reason of the disputed service was supported, DWC finds that the requestor is not entitled to reimbursement.

3. On the disputed date of service, September 8, 2023, the requestor billed one unit each of CPT codes 97545-WH and 97546-WH. CPT codes 97545 and 97546 represent Work Hardening Rehabilitation services. 28 TAC §134.230(3) which applies to the billing and reimbursement of Work Hardening programs, 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…"

   The insurance carrier denied payment for CPT codes 97545-WH and 97546-WH based on lack of preauthorization of the services. 28 TAC §134.600 which sets out the requirements for preauthorization of healthcare services, states in pertinent part, "(p) Non-emergency health care requiring preauthorization includes: … (4) all work hardening or work conditioning services…"

   A review of the submitted documents finds no evidence to support that the Work Hardening services, CPT codes 97545-WH and 97546-WH, were preauthorized in accordance with 28 TAC §134.600(p).

   DWC finds that the insurance carrier's denial reason of CPT codes 97545-WH and 97546-WH, is supported.

4. The requestor is seeking reimbursement in the amount of $92.16 for CPT code 97545-WH and in the amount of $46.08 for CPT code 97546-WH. Because the insurance carrier's denial

reason of the disputed services was supported, DWC finds that the requestor is not entitled to 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.

DWC finds the requestor has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement in the amount of $0.00 for the disputed dates of service September 6, 2023, and September 8, 2023.

Authorized Signature

		March 5, 2024
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 electronico CompConnection@tdi.texas.gov.