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

Requester Name
Ultimate Pain Solutions

Respondent Name
Mitsui Sumitomo Insurance Company of America

MFDR Tracking Number
M4-25-0681-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
November 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 21, 2024	99204	$500.00	$0.00
March 21, 2024	99080	$75.00	$0.00
March 25, 2024	97110	$160.00	$0.00
March 25, 2024	G0283	$45.00	$0.00
March 25, 2024	97140	$50.00	$0.91
March 27, 2024	97110	$160.00	$0.00
March 27, 2024	97140	$100.00	$1.82
March 29, 2024	97110	$160.00	$0.00
March 29, 2024	97140	$100.00	$1.82
April 1, 2024	97110	$160.00	$0.00
April 1, 2024	97140	$100.00	$1.82
April 3, 2024	97110	$160.00	$0.00
April 3, 2024	97140	$100.00	$1.82
April 5, 2024	97110	$160.00	$0.00
April 5, 2024	97140	$100.00	$1.82
April 8, 2024	97110	$160.00	$0.00
April 8, 2024	97140	$100.00	$1.82
April 10, 2024	97110	$160.00	$0.00

April 10, 2024	97140	$100.00	$1.82
April 12, 2024	97110	$160.00	$0.00
April 12, 2024	97140	$100.00	$1.82
April 15, 2024	97110	$160.00	$0.00
April 15, 2024	97140	$100.00	$1.82
April 17, 2024	97110	$160.00	$0.00
April 17, 2024	97140	$100.00	$1.82
April 19, 2024	97110	$160.00	$0.00
April 19, 2024	97140	$100.00	$1.82
April 22, 2024	99213	$245.00	$0.00
April 22, 2024	99080	$75.00	$0.00
May 1, 2024	97750	$3,200.00	$0.00
May 2, 2024	99213	$245.00	$0.00
May 22, 2024	99080	$75.00	$0.00
May 22, 2024	97545	$620.00	$0.00
May 23, 2024	97545	$620.00	$0.00
May 23, 2024	97546	$990.00	$0.00
May 24, 2024	97545	$620.00	$0.00
May 24, 2024	97546	$990.00	$0.00
May 28, 2024	97545	$620.00	$0.00
May 28, 2024	97546	$990.00	$0.00
May 29, 2024	97545	$620.00	$102.40
May 29, 2024	97546	$990.00	$307.20
June 10, 2024	99213	$245.00	$0.00
June 26, 2024	97545	$620.00	$102.40
June 26, 2024	97546	$990.00	$307.20
June 27, 2024	97545	$620.00	$102.40
June 27, 2024	97546	$990.00	$307.20
June 28, 2024	97545	$620.00	$102.40
June 28, 2024	97546	$990.00	$307.20
July 30, 2024	97546	$990.00	$307.20
August 6, 2024	97545	$620.00	$102.40
August 6, 2024	97546	$990.00	$307.20
	Total	$23,255.00	$2,376.13

Requester's Position

"We have submitted a 'Corrected Claim' as ESIS requested with proper documentations yet was denied payment due to reasons of 'duplicate' multiple times… Attached are the initial and subsequential denial EOBs… including a preauthorization for treatment for physical therapy, the bills and records for your reference."

Request for Reconsideration, "In accordance with the Texas Workers' Compensation Commission Rule 133.304, Subsections (K), (L), and (M), we are enclosing a copy of the complete medical bill for your reconsideration, copy of the explanation of benefits and a claim specific substantive explanation of why this claim should be reconsidered for reimbursement, medical records, prior authorization for physical therapy, prior authorizations for work hardening program, explanation of benefits from the carrier, the corrected claim HCFA 1500 forms for each date of service in question, and the Medical Fee Dispute Resolution Request Forms."

Amount in Dispute: $23,255.00

Respondents' Position

"The bill related to the above captioned MDR has been sent to bill review. It is currently still pending. As soon as it has been processed an addendum response will be issued."

Supplemental Response dated January 9, 2025: "Upon receipt of the MDR request, the bill as[was] sent for reconsideration. The review determined that the provider is not due, additional money. Attached is a copy of bill review's denial letter, a copy of the D&O on the claim and the original EOR issued."

Response Submitted by: ESIS

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 Medical Fee Dispute Resolution.
2. 28 TAC §134.203 Medical Fee Guidelines for Professional Services.
3. 28 TAC §133.10 Required Billing Forms/Formats.
4. 28 TAC §134.230 Return to Work Rehabilitation Programs.
5. 28 TAC §134.239 Billing for Work Status Reports
6. 28 TAC §129.5 Work Status Reports.
7. 28 TAC §134.225 Functional Capacity Evaluations.

Denial Reasons

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

- 1- Please submit a copy of the report and the bill for our review.
- 2, 5 (16) – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 3 (163) – Attachment/other documentation referenced on the claim was not received.
- 4 (252) – Attachment/other documentation is required to adjudicate this claim/service.
- 5 (N714) – Missing report.
- 6, 7 – Bill is denied; invalid/missing healthcare provider license number. Please re-submit with appropriate license number for review.
- 7, 8 – Bill is denied; invalid/missing billing provider license number. Please re-submit with appropriate license number for review.
- 8, 9 – Bill is denied; invalid/missing rendering provider license number. Please re-submit with appropriate license number for review.
- 10 – Bill is denied; invalid/missing referring provider license number. Please re-submit with appropriate license number for review.
- 2, 4 – This procedure on this date of service was previously reviewed.
- 3, 6 (18) – Duplicate claim/service.

Issues

1. What are the rules that apply to the service dates March 21, 2024 through August 6, 2024?
2. Is the requester entitled to an additional payment for CPT code 99080-73 rendered on March 21, 2024, April 22, 2024, and May 22, 2024 supported?
3. Is the requester entitled to additional reimbursement for office visits provided on March 21, 2024, April 22, 2024, May 2, 2024 and June 10, 2024?
4. Is the requester entitled to additional reimbursement for the physical therapy services rendered on March 25, 2024 through April 19, 2024?
5. Is the requester entitled to additional reimbursement for a functional capacity evaluation provided on May 1, 2024?
6. Is the requester entitled to additional reimbursement for the work hardening services provided on May 22, 2024 through May 28, 2024?
7. Are the insurance carrier's denial reasons supported for the non-payment of the work hardening services provided May 29, 2024 through August 6, 2024?
8. Is the requester entitled to additional reimbursement?

Findings

1. The requester seeks payment for medical services rendered from March 21, 2024, to August 6, 2024. A review of the supplemental documentation submitted following the submission of the medical fee dispute resolution request reveals that the insurance company paid for some of the disputed services. To evaluate if the requester was reimbursed in adherence with the medical fee guidelines, the disputed services are reviewed under 28 TAC §134.203, §134.225, and §134.230.

2. The requester seeks reimbursement for work status reports, billed under CPT code 99080-73, rendered on March 21, 2024, April 22, 2024, and May 22, 2024.

   CPT code 99080-73 is defined as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

   28 TAC §134.239 outlines the billing for work status reports. Under 28 TAC §129.5(i)(1), notwithstanding any other provision in this title, a physician may bill—and a carrier must reimburse—the filing of a complete Work Status Report required by this section or the provision of a subsequent copy of a previously filed Work Status Report when requested by the carrier (or its agent) or the employer through its carrier. The reimbursement amount is fixed at $15, and the physician may not bill more than this amount. Reimbursement is not permitted for any Work Status Report that is not reimbursable under this section. A copy of the report need not accompany the billing if it has already been submitted. When billing under this section, physicians must use CPT code 99080 with modifier 73 for reports required under subsections (d)(1), (d)(2), and (f)."

   A review of the documentation supplied by both parties, including supplemental responses, confirms that the insurance company paid $15.00 for service dates, March 21, 2024, April 22, 2024, and May 22, 2024. Because the insurance reimbursed the requester based on the fee guideline amount, the requester is not entitled to further payment for the work status reports.

3. The requester seeks reimbursement for office visits rendered on March 21, 2024, April 22, 2024, May 2, 2024 and June 10, 2024. Reimbursement is found in Rule §134.203.

   Under § 134.203(a)(5)**,** *"Medicare payment policies"* refer to the reimbursement methods, models, coding, billing, and reporting payment policies established by the Centers for Medicare & Medicaid Services (CMS) for purposes of this rule.

   Under § 134.203(b)(1), for professional medical services (e.g., office visits) provided within the Texas workers' compensation system, participants must follow the Medicare payment policies in effect on the date of service, including those related to coding, billing, CCI edits, modifiers, and HPSA/PSA bonus payments—along with any additions or exceptions specified in these rules.

   Under § 134.203(c)(1)–(2), the maximum allowable reimbursement (MAR) for professional services (such as Evaluation & Management, General Medicine, Physical Medicine & Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery performed in an office setting) was set using a conversion factor of $52.83 for calendar year 2008. For surgery performed in a facility setting, the conversion factor was $66.32.

Per § 134.203(c)(2), the conversion factors for subsequent years must be adjusted annually by applying the Medicare Economic Index (MEI) to the prior year's conversion factor, with each adjustment becoming effective on January 1 of the new calendar year."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

The requester billed 99204, and 99213.

- MPPR rates are published by carrier and locality.
- Services rendered in zip code 77042, locality 18, Houston.
- Service dates March 2024 through May 2024.
- The 2024 DWC Conversion Factor is 67.81
- The 2024B Medicare Conversion Factor is 33.2875
- The Medicare Participating amount for CPT code 99204 is $171.80.
- Using the above formula, the DWC finds the MAR is $349.97
- The Medicare Participating amount for CPT code 99213 is $92.97.
- Using the above formula, the DWC finds the MAR is $189.39.

Date of Service	CPT Code	CMS Payment	MAR	Insurance Carrier Paid	Amount Sought	Additional Payment Due
March 21, 2024	99204	$171.80	$349.97	$349.97	$500.00	$0.00
April 22, 2024	99213	$92.97	$189.39	$189.39	$245.00	$0.00
May 2, 2024	99213	$92.97	$189.39	$189.39	$245.00	$0.00
June 10, 2024	99213	$92.97	$189.39	$189.39	$245.00	$0.00
	Total	$357.74	$728.75	$728.75	$990.00	$0.00

The division finds that the insurance carrier issued payment in accordance with the medical fee guidelines. As a result, additional reimbursement is not recommended.

4. The requester seeks reimbursement for physical therapy services rendered on March 25, 2024 through April 19, 2024. The fee guideline for physical therapy services is established under Rule §134.203.

   According to §134.203(b)(1):

   "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided, with any additions or exceptions in the rules."

   Per the Medicare Claims Processing Manual, Chapter 5, Section 10.3.7 (effective June 6, 2016), titled *Multiple Procedure Payment Reductions (MPPR) for Outpatient Rehabilitation Services*:

- Full payment is made for the unit or procedure with the highest practice expense (PE) payment.
- For subsequent units or procedures:
  - Prior to April 1, 2013: Full payment applies to work and malpractice, with 80% of the PE paid on professional claims and 75% of the PE paid on institutional claims.
  - On or after April 1, 2013: Full payment applies to work and malpractice, and 50% of the PE is paid for all subsequent services, whether professional or institutional.

Contractors must rank services by their applicable PE relative value units (RVUs). The service with the highest PE RVU is priced at 100%, and the MPPR is applied to all remaining services. If multiple services share the same highest PE RVU, the one with the highest total fee schedule amount is paid at 100%, and the MPPR is applied to the others

Under Medicare policy, the MPPR applies to the Practice Expense (PE) component of certain time-based physical therapy codes when multiple procedures or units are billed for the same patient on the same day. Medicare publishes a list of codes subject to MPPR annually.

For Calendar Year 2024, the codes subject to MPPR are listed in CMS-1693F (CY 2024 Physician Fee Schedule Final Rule – MPPR Files).

A review of this list confirms that CPT codes 97110, 97140, and G0283 are subject to MPPR. Among these, CPT 97110 has the highest PE payment, so full payment applies to 97110, and the reduced PE payment applies to all other services billed on the same date.

Per 28 TAC §134.203(c):
"To determine the MAR for professional services, system participants shall apply Medicare payment policies with minimal modifications."

For the relevant service categories, the Texas Department of Workers' Compensation (DWC) uses conversion factors based on the Medicare Economic Index (MEI) adjustment.

The MAR is calculated using the following formula:

(DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

The requester billed 97110, 97140 and G0283.

Calculation Details

- Codes Billed: 97110, 97140, and G0283
- Highest PE Payment: CPT 97110 (0.42)
- Reduced PE Applies To: CPT 97140 (0.37) and G0283 (0.16)
- Locality: Zip Code 77042 (Locality 18 – Houston)
- Dates of Service: March 2024 – April 19, 2024
- 2024 DWC Conversion Factor: 67.81
- 2024 Medicare Conversion Factor: 33.2875

Medicare and MAR Calculations

CPT Code	Medicare Payment	MAR Formula	MAR Amount
97110 (1st unit)	$29.68	(67.81 / 33.2875) × 29.68	$60.46
97110 (subsequent units)	$22.67	(67.81 / 33.2875) × 22.67	$46.18
97140 (each unit)	$21.61	(67.81 / 33.2875) × 21.61	$44.02
G0283 (each unit)	$9.22	(67.81 / 33.2875) × 9.22	$18.78

In accordance with 28 TAC §134.203 and Medicare MPPR policy, CPT 97110 receives full PE payment, while CPT 97140 and G0283 are subject to the multiple procedure payment reduction. The MAR values above reflect the applicable DWC and Medicare conversion factors for 2024 and services rendered in Houston, Texas (locality 18).

Date of Service	CPT Code	No. Units	MAR	Insurance Carrier Paid	Amount Sought	Additional Payment Due
March 25, 2024	97110	2	$106.64	$106.64	$160.00	$0.00
March 25, 2024	G0283	1	$18.78	$18.78	$45.00	$0.00
March 25, 2024	97140	1	$44.02	$43.11	$50.00	$0.91
March 27, 2024	97110	2	$106.64	$106.64	$160.00	$0.00
March 27, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
March 29, 2024	97110	2	$106.64	$106.64	$160.00	$0.00
March 29, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
April 1, 2024	97110	2	$106.64	$106.64	$160.00	$0.00
April 1, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
April 3, 2024	97110	2	$106.64	$106.64	$75.00	$0.00
April 3, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
April 5, 2024	97110	2	$106.64	$106.64	$160.00	$0.00
April 5, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
April 8, 2024	97110	2	$106.64	$106.64	$160.00	$0.00
April 8, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
April 10, 2024	97110	2	$106.64	$106.64	$160.00	$0.00
April 10, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
April 12, 2024	97110	2	$106.64	$106.64	$160.00	$0.00
April 12, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
April 15, 2024	97110	2	$106.64	$106.64	$160.00	$0.00
April 15, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
April 17, 2024	97110	2	$106.64	$106.64	$160.00	$0.00
April 17, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
April 19, 2024	97110	2	$106.64	$106.64	$160.00	$0.00

April 19, 2024	97140	2	$88.04	$86.22	$100.00	$1.82
	Total	48	$2,310.92	$2,289.99	$3,033.00	$20.93

The division finds that the requester is entitled to an additional payment in the amount of $20.93 for the physical therapy services provided on March 25, 2024 through April 19, 2024.

5. The requester seeks payment for a functional capacity evaluation rendered on May 1, 2024. The applicable fee guideline for Functional Capacity Evaluations (FCEs) is established in 28 Texas Administrative Code (TAC) §134.225. This rule provides that:

   "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. Appropriate documentation is required."

   Accordingly, the billing for FCEs must comply with both §134.225 and the professional services reimbursement methodology outlined in §134.203.

   Under 28 TAC §134.203(b)(1), Texas workers' compensation participants must apply the following Medicare payment policies for the coding, billing, reporting, and reimbursement of professional medical services:

   "Medicare payment policies, including its coding, billing, correct coding initiative (CCI) edits, modifiers, bonus payments for Health Professional Shortage Areas (HPSAs) and Physician Scarcity Areas (PSAs), and other payment policies in effect on the date the service is provided."

   One of these applicable Medicare payment policies is the Multiple Procedure Payment Reduction (MPPR) rule, as set forth in the *Medicare Claims Processing Manual*, Chapter 5, §10.7 (effective June 6, 2016). This policy provides:

   - Full payment is made for the procedure or unit with the highest practice expense (PE) payment.
   - For subsequent units and procedures furnished to the same patient on the same day, full payment is made for the work and malpractice components, but only 50% payment is made for the PE component.
   - To determine which services are subject to MPPR, contractors rank services by their PE relative value units (RVUs) and apply 100% payment to the highest-ranked service while discounting subsequent services as specified.

Accordingly, the MPPR discounting rule applies to the disputed FCE services billed under CPT code 97750-FC

The requester seeks reimbursement of $3,200.00 for 16 units of CPT code 97750-FC, rendered on May 1, 2024.

Per 28 TAC §134.203(c), the Maximum Allowable Reimbursement (MAR) for professional services is determined by applying Medicare payment policies with minimal modifications, as follows:

"(1) For service categories including Physical Medicine and Rehabilitation when performed in an office setting, the established conversion factor is $52.83 for calendar year 2008. (2) Each subsequent year's conversion factor shall be adjusted using the Medicare Economic Index (MEI) and become effective January 1 of the new calendar year."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR)

Based on the documentation and 2024 payment data:

- Disputed Service: CPT 97750-FC × 16 units
- Date of Service: May 1, 2024
- Service Location: Zip code 77042 (Locality 18 – Houston)
- Medicare Participating Amounts:
  - $34.36 for the first unit
  - $25.01 for each subsequent unit (MPPR applied)
- 2024 DWC Conversion Factor: 67.81
- 2024B Medicare Conversion Factor: 33.2875

Using these figures:

- First Unit: (67.81/33.2875) x 34.36 = $69.99
- Subsequent 15 Units: (67.81/33.2875) x 25.01 = $50.95 per unit
- Total MAR: (69.99 + (15 x $50.95) = $834.21

The MPPR Rate File supporting these calculations is available at www.cms.gov/Medicare/Billing/TherapyServices/index.html

The insurance carrier paid $1,119.84 for the disputed service, an amount exceeding the calculated MAR of $834.21. Therefore, the Division finds that the requester is not entitled to additional payment for CPT code 97750-FC.

6. To requester seeks payment of non-CARF accredited work hardening services rendered on May 22, 2024 through May 28, 2024. Reimbursement is made in accordance with 28 TAC §134.230. Reimbursement for non-CARF work hardening services is reimbursed at $51.20/hour.

Date of Service	CPT Code	No. Units	MAR $51.20/hr.	Insurance Carrier Paid	Amount Sought	Additional Payment Due
May 22, 2024	97545-WH	1	$102.40	$102.40	$620	$0.00
May 23, 2024	97545-WH	1	$102.40	$102.40	$620	$0.00
May 23, 2024	97546-WH	6	$307.20	$307.20	$990	$0.00
May 24, 2024	97545-WH	1	$102.40	$102.40	$620	$0.00
May 24, 2024	97546-WH	6	$307.20	$307.20	$990	$0.00
May 28, 2024	97545-WH	1	$102.40	$102.40	$620	$0.00
May 28, 2024	97546-WH	6	$307.20	$307.20	$990	$0.00
		Total	$1,331.20	$1,331.20	$5,450.00	$0.00

The division finds that the insurance carrier issued payments in accordance with 28 TAC §134.230. As a result, additional reimbursement is not recommended.

7. The requester seeks payment for work hardening services provided on May 29, 2024 through August 6, 2024. The insurance carrier audited and denied these charges due to the following:
   - 7 – Bill is denied; invalid/missing healthcare provider license number. Please re-submit with appropriate license number for review.
   - 7, 8 – Bill is denied; invalid/missing billing provider license number. Please re-submit with appropriate license number for review.
   - 8, 9 – Bill is denied; invalid/missing rendering provider license number. Please re-submit with appropriate license number for review.
   - 10 – Bill is denied; invalid/missing referring provider license number. Please re-submit with appropriate license number for review.
   - (16) – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication

   28 TAC §133.10(f) sets out required medical billing formats and states in pertinent part, "(f) All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form.

   (1) The following data content or data elements are required for a complete professional or non-institutional medical bill related to Texas workers' compensation health care:

   (K) referring provider's state license number (CMS-1500/field 17a) is required when there is a referring doctor listed in CMS-1500/field 17; the billing provider must enter the '0B' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX').

(U) rendering provider's state license number (CMS-1500/field 24j, shaded portion) is required when the rendering provider is not the billing provider listed in CMS-1500/field 33; the billing provider must enter the '0B' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX').

(EE) billing provider's state license number (CMS-1500/field 33b) is required when the billing provider has a state license number; the billing provider must enter the '0B' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX').

A review of the submitted CMS-1500 medical bill finds that the requester populated the required field in accordance with 28 TAC §133.10(f)(1). As a result, reimbursement is recommended for the work hardening charges billed on May 29, 2024 through August 6, 2024.

Reimbursement is determined pursuant to TAC §134.230 as indicated in No. 6 above.

Date of Service	CPT Code	No. Units	MAR $51.20/hr.	Insurance Carrier Paid	Amount Sought	Payment Due
May 29, 2024	97545-WH	1	$102.40	$0.00	$620	$102.40
May 29, 2024	97546-WH	6	$307.20	$0.00	$990	$307.20
June 26, 2024	97545-WH	1	$102.40	$0.00	$620	$102.40
June 26, 2024	97546-WH	6	$307.20	$0.00	$990	$307.20
June 27, 2024	97545-WH	1	$102.40	$0.00	$620	$102.40
June 27, 2024	97546-WH	6	$307.20	$0.00	$990	$307.20
June 28, 2024	97545-WH	1	$102.40	$0.00	$620	$102.40
June 28, 2024	97546-WH	6	$307.20	$0.00	$990	$307.20
July 30, 2024	97546-WH	6	$307.20	$0.00	$990	$307.20
August 6, 2024	97545-WH	1	$102.40	$0.00	$620	$102.40
August 6, 2024	97546-WH	6	$307.20	$0.00	$990	$307.20
		Total	$2,355.20	$0.00	$9,040.00	$2,355.20

The division finds that the requester is entitled to reimbursement in the amount of $2,355.20 for the work hardening charges provided on May 29, 2024 through August 6, 2024.

8. The division concludes the following:
   - Reimbursement is not recommended for the work status reports rendered on March 21, 2024, April 22, 2024, and May 22, 2024.
   - Reimbursement is not recommended for the office visits provided on March 21, 2024, April 22, 2024, May 2, 2024, and June 10, 2024.
   - Reimbursement is recommended for the physical therapy services rendered on March 25, 2024 through April 19, 2024 in the amount of $20.93.
   - Reimbursement is not recommended for the functional capacity evaluation rendered on May 1, 2024.
   - Reimbursement is not recommended for the work hardening services provided on May 22, 2024 through May 28, 2024.

- Reimbursement is recommended in the amount of $2,355.20 for the work hardening services provided on May 29, 2024 through August 6, 2024.

The division determines that the requester has sufficiently established eligibility for an additional payment of $2,376.13.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of $2,376.13 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requester $2,376.13 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		November 14, 2025
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.