



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Marcus P. Hayes, DC

Respondent Name

Hartford Underwriters Insurance Co

MFDR Tracking Number

M4-25-1141-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

January 27, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 29, 2024	97546 – WH	\$204.80	\$64.00
October 30, 2024	97546 – WH	\$204.80	\$0.00
October 31, 2024	97546 – WH	\$204.80	\$0.00
November 4, 2024	97546 – WH	\$204.80	\$89.60
November 5, 2024	97546 – WH	\$204.80	\$0.00
November 6, 2024	97546 – WH	\$204.80	\$0.00
November 7, 2024	97546 – WH	\$204.80	\$0.00
November 8, 2024	97546 – WH	\$204.80	\$0.00
November 11, 2024	97546 – WH	\$204.80	\$89.60
November 12, 2024	97546 – WH	\$204.80	\$0.00
Total		\$2,048.00	\$243.20

Requestor's Position

"The Hartford did not pay CPT 97546 correctly. Per the TAC 134.230 calculation is applied to determine MAR for 6 hours (6 units) of CPT 97546-WH rendered by a non-CARF accredited payment should be \$307.20 rather than \$102.40. It is my opinion that The Hartford is acting in bad faith on issuing any additional pay amount for the specific date range, as all medical supporting documentation were submitted."

Amount in Dispute: \$2,048.00

Respondents' Position

"The bill was processed and paid per max number of units allowed according to fee schedule and or service code description. Also, the billing procedure code has exceeded the National Correct Coding [sic] Initiative Medically Unlikely Edits amount for the number of times this procedure can be billed on a date of service. Report supports 3 hours of work hardening supports 1 unit 97545 and. 2 unit 97546. Report does not differentiate the time-based activities used for work hardening vs physical therapy treatment beyond the stated quantity for the codes billed."

Response Submitted by: The Hartford Financial Services Group, Inc.

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 §134.203](#) sets out the fee guideline for professional medical services.
3. [28 TAC §134.230](#) sets out medical fee guidelines for Return-to-Work Rehabilitation programs.

Denial Reasons

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

- 97 -Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 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.
- 309 -The charge for this procedure exceeds the fee schedule allowance.

- P12 -Workers' compensation jurisdictional fee schedule adjustment.
- 1115 -We find the original review to be accurate and are unable to recommend any additional allowance.
- 2005 -No additional reimbursement allowed after review of appeal/reconsideration.
- 3244 -The billing of the procedure code has exceeded the national correct coding initiative medically unlikely edits amount for the number of times this procedure can be billed on a date of service. An allowance has not been paid.
- 131 -Claim specific negotiated discount.
- 133 -The disposition of this claim/service is pending further review.
- 600 -Allowance based on maximum number of units allowed according to the fee schedule and/or service code description or regulations.
- PPRJ -Paid without prejudice.

Issues

1. Has the insurance carrier issued payment for the work hardening service in accordance with 28 TAC §134.230?
2. Is the requester entitled to additional reimbursement?

Findings

1. The requester seeks reimbursement for an additional 6 hours work hardening billed under CPT code 97546-WH and rendered on ten different dates from October 29, 2024, through November 12, 2024. A review of the explanation of benefits finds that the insurance carrier issued a partial payment of \$102.40 for each disputed date of service and reduced the remaining charges with denial codes listed above.

The requestor billed with CPT code 97546-WH, modifier "CA" was not appended to the disputed CPT code. Therefore, the requestor provided a non-CARF accredited work hardening service.

28 TAC §134. 230, sets out the fee guidelines for work hardening services.

28 TAC §134.230 (1) (A) states, "Accreditation by the CARF is recommended, but not required. (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)(A)(B), states, "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." CARF accredited programs shall add "CA" as a second modifier. (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.

The insurance carrier reduced payment for CPT code 97546-WH with denial reduction code "97 - Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure." A review of the submitted documentation finds that the requestor billed for the first two units of a work hardening program, under CPT code 97545-WH and 6 additional hours under CPT code 97546-WH. The documentation did not contain CPT codes that are identified as included in the payment allowance for another procedure. The division finds that denial reason "97" is not supported.

The insurance carrier reduced the payment for CPT code 97546-WH with reason code "3244- The billing of the procedure code has exceeded the national correct coding initiative medically unlikely edits amount for the number of times this procedure can be billed on a date of service. An allowance has not been paid."

An examination of The Harford's preauthorization dated October 28, 2024, reveals that 80 hours of work hardening with a start date of October 28, 2024, and an end date of December 28, 2024, were approved. The division determines that the disputed services were provided within the preauthorized timeframes, and no evidence was discovered to justify that the requester exceeded the preauthorized 80 hours. As a result, the requestor is eligible for reimbursement.

2. A review of the medical bill finds that the requestor billed 2 hours under CPT code 97545-WH, which is not in dispute, and 6 hours of CPT code 97546-WH. The requestor billed \$385.20 for 6 hours of a non-CARF accredited work hardening program. The insurance carrier issued a partial payment of \$102.40 for each disputed date of service, and the requestor seeks an additional payment of \$204.80.

The MAR for a non-CARF accredited work hardening service is \$51.20. The requestor seeks an additional payment of \$204.80 for 4 units of CPT code 97456-WH.

A review of the medical documentation finds the following:

- Date of service October 29, 2024, the requestor documented 5 hours and 10 mins. The remainder of the time that was not paid is 1 hour and 10 mins with MAR of \$64.00.
- Date of service November 4, 2024, the requestor documented 5 hours and 40 mins. The remainder of the time that was not paid is 1 hour and 40 mins with MAR of \$89.60.
- Date of service November 11, 2024, the requestor documented 5 hours and 40 mins. The remainder of the time that was not paid is 1 hour and 40 mins with MAR of \$89.60.
- The total amount of \$243.20 is recommended.

The division finds that pursuant to 28 TAC §134.230 (3)(A)(B) the requestor has established that additional reimbursement of \$243.20 is due. As a result, the requestor is entitled to \$243.20 for the disputed services.

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 DWC finds the requestor has established that additional reimbursement of \$243.20 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement. It is ordered that the respondent must remit to the requestor \$243.20 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 10, 2025

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, 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.