



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Marcus P. Hayes, DC

**Respondent Name**

Hartford Fire Insurance Co

**MFDR Tracking Number**

M4-25-1673-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

February 4, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 21, 2024	97546 – WH	\$204.80	\$0.00
November 22, 2024	97546 - WH	\$204.80	\$12.80
November 25, 2024	97546 - WH	\$204.80	\$166.40
November 26, 2024	97546 - WH	\$204.80	\$0.00
December 2, 2024	97546 - WH	\$204.80	\$166.40
December 9, 2024	97546 - WH	\$204.80	\$166.40
December 10, 2024	97546 - WH	\$204.80	\$0.00
December 11, 2024	97546 - WH	\$204.80	\$12.80
<b>Total</b>		<b>\$1,638.40</b>	<b>\$524.80</b>

## Requestor's Position

"The Hartford did not pay CPT 97546 correctly for DOS 11/21-12/11/24. 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."

**Amount in Dispute:** \$1,638.40

## Respondents' Position

"The original bill for dos 11/21-12/11/24 was received on 12/17/24 under control number ... and paid per fee schedule and maximum number of units allowed."

**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.
- 133-The disposition of this claim/service is pending further review.
- 309 - The charge for this procedure exceeds the fee schedule allowance.
- 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. Did the requestor obtain preauthorization for the work hardening services in dispute?
2. Has the insurance carrier issued payment for the work hardening service in accordance with 28 TAC §134.230?
3. Is the requester entitled to additional reimbursement?

### **Findings**

1. The insurance carrier denied the disputed services with denial reduction codes "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", and 600- Allowance based on maximum number of units allowed according to the fee schedule and/or service code description or regulations."

A review of the requestor's medical documentation reveals that a partial payment of \$102.40 was made for procedure codes 97546-WH.

A review of the preauthorization granted by The Hartford on November 10, 2024, reveals that the disputed services were permitted under reference number 7946693. The Hartford permitted work hardening 5 times each week for two weeks, for a total of 10 sessions = 80 hours, beginning November 10, 2024, and ending January 10, 2025.

The requestor referred to preauthorization number 7946693 on box 23 of the CMS-1500. A review of the requested services reveals that work-hardening was provided on November 18, November 20, 2024, November 21, 2023, November 22, 2024, November 25, 2024, November 26, 2024, December 2, 2024, December 9, 2024, December 10, 2024, and December 11, 2024. The division concludes that the services delivered on these days did not exceed the permissible number of sessions, units, and timeframe.

The division concludes that the insurance carrier's denial reasons "324" and "600" were not supported. As a result, the in-question services are reviewed in accordance with the applicable rules and guidelines.

2. The requester seeks additional reimbursement for 6 hours of work hardening, billed under CPT code 97546-WH, and rendered on eight different dates from November 21, 2024,

through December 11, 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 therefore seeks an additional payment of \$204.80 for each disputed date of service.

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.

3. A review of the medical bills finds that the requestor billed 1 unit (first 2 hours) of CPT code 97545-WH and an additional 6 units of CPT code 97546-WH, for a total of 8 hours billed on each date of service. The requestor seeks reimbursement for the additional hours billed under CPT code 97546-WH.

A review of the medical documentation finds the following:

- The insurance carrier paid 2 hours of a non-CARF accredited work hardening, billed under CPT code 97545-WH at \$51.20/hour for a total payment of \$102.40. The requestor is not disputing the first two hours of work hardening.
- The requestor billed an additional 6 hours of non-CARF accredited work hardening, billed under CPT code 97546-WH.
- The insurance carrier paid an additional 2 hours of a non-CARF accredited work hardening, billed under CPT code 97546-WH at \$51.20/hour for a total payment of \$102.40.
- The insurance carrier paid a total of 4 hours for a non-CARF accredited work hardening program, 2 hours under CPT code 97545-WH and 2 hours under CPT code 97546-WH.
- The requestor disputes the non-payment of the additional 4 hours of the non-CARF accredited work hardening billed under this CPT code 97546-WH.
- The "Total Documented Hours" below indicates the total number of hours documented under billed CPT codes 97545-WH and 97546-WH.

- The Division will determine if the requestor is entitled to additional reimbursement for the disputed services.

Date	Service	Units Billed	Total Documented Hours	MAR for Documented No. Hours \$51.20/hour	Total Payments	Amount in Dispute	Amount Due
November 21, 2024	97545-WH	2	2.4	\$140.80	\$102.40	\$0.00	\$0.00
November 21, 2024	97546-WH	6			\$102.40	\$204.80	\$0.00
November 22, 2024	97545-WH	2	4.2	\$217.60	\$102.40	\$0.00	\$0.00
November 22, 2024	97546-WH	6			\$102.40	\$204.80	\$12.80
November 25, 2024	97545-WH	2	7.2	\$371.20	\$102.40	\$0.00	\$0.00
November 25, 2024	97546-WH	6			\$102.40	\$204.80	\$166.40
November 26, 2024	97545-WH	2	2.4	\$140.80	\$102.40	\$0.00	\$0.00
November 26, 2024	97546-WH	6			\$102.40	\$204.80	\$0.00
December 2, 2024	97545-WH	2	7.2	\$371.20	\$102.40	\$0.00	\$0.00
December 2, 2024	97546-WH	6			\$102.40	\$204.80	\$166.40
December 9, 2024	97545-WH	2	7.2	\$371.20	\$102.40	\$0.00	\$0.00
December 9, 2024	97546-WH	6			\$102.40	\$204.80	\$166.40
December 10, 2024	97545-WH	2	2.4	\$140.80	\$102.40	\$0.00	\$0.00
December 10, 2024	97546-WH	6			\$102.40	\$204.80	\$0.00
December 11, 2024	97545-WH	2	4.2	\$217.60	\$102.40	\$0.00	\$0.00
December 11, 2024	97546-WH	6			\$102.40	\$204.80	\$12.80
<b>TOTAL</b>		<b>64</b>	<b>37.2</b>	<b>\$1,971.20</b>	<b>\$1,638.40</b>	<b>\$1,638.40</b>	<b>\$524.80</b>

The division finds that pursuant to 28 TAC §134.230 (3)(A)(B) the requestor has established that additional reimbursement of \$524.80 is due. As a result, the requestor is entitled to \$524.80 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 \$524.80 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 \$524.80 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

April 16, 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](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, 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).