



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Bryce Kindley, D.C.

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-25-1868-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

April 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 16, 2024	97545-WH	\$0.00	\$0.00
December 16, 2024	97546-WH	\$89.80	\$0.00
December 17, 2024	97545-WH	\$0.00	\$0.00
December 17, 2024	97546-WH	\$89.80	\$0.00
December 19, 2024	97545-WH	\$0.00	\$0.00
December 19, 2024	97546-WH	\$89.80	\$0.00
January 6, 2025	97545-WH	\$0.00	\$0.00
January 6, 2025	97546-WH	\$89.80	\$89.60
January 7, 2025	97545-WH	\$0.00	\$0.00
January 7, 2025	97546-WH	\$89.80	\$89.60
January 8, 2025	97545-WH	\$0.00	\$0.00
January 8, 2025	97546-WH	\$89.80	\$89.60
January 14, 2025	97545-WH	\$0.00	\$0.00

January 14, 2025	97546-WH	\$89.80	\$89.60
January 16, 2025	97545-WH	\$0.00	\$0.00
January 16, 2025	97546-WH	\$89.80	\$89.60
January 21, 2025	97545-WH	\$0.00	\$0.00
January 21, 2025	97546-WH	\$89.80	\$89.60
January 27, 2025	97545-WH	\$0.00	\$0.00
January 27, 2025	97546-WH	\$89.80	\$89.60
January 28, 2025	97545-WH	\$0.00	\$0.00
January 28, 2025	97546-WH	\$243.20	\$243.20
Total		\$1,139.20	\$870.40

Requestor's Position

Excerpt from the reconsideration request dated April 14, 2025: "These bills were denied full payment stating 'workers compensation jurisdictional regulations'. This is incorrect and all other bills have been paid in full for authorized work hardening[sic] (hardening) services. This too should be paid in full."

Amount in Dispute: \$1,139.20

Respondent's Position

Dated April 28, 2025: "We will provide a supplemental response once the bill auditing company has finalized their review."

Response Submitted by: Gallagher Bassett

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](#)) [§133.305](#) sets out the general provisions for medical fee disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

3. [28 TAC §134.600](#) sets out the procedures for preauthorization requirements of healthcare services.
4. [28 TAC §134.230](#) sets out medical fee guidelines for Return-to-Work Rehabilitation programs.

Adjustment Reasons

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

- P13 – Payment reduced or denied based on workers’ compensation jurisdictional regulations or payment policies.
- N45 – Payment based on authorized amount.
- N130 – Consult plan benefit documents/guidelines for information about restrictions for this service.
- 0663 - REIMBURSEMENT HAS BEEN CALCULATED BASED ON THE STATE GUIDELINES.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- W3 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

Issues

1. Did the insurance carrier submit a supplemental response?
2. What rules apply to the reimbursement of services in dispute?
3. What procedure codes are found to be in dispute?
4. Is the requestor entitled to additional reimbursement for disputed dates of service December 16, 2024, December 17, 2024, and December 19, 2024?
5. Is the requestor entitled to additional reimbursement for disputed dates of service January 6, 2025, through January 28, 2025?

Findings

1. In its initial response statement, the respondent stated it will provide a supplemental response after the auditing company finalizes a review.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information. As of today, no supplemental response has been received from the insurance carrier or its representative. We will base this decision on the information available.

2. This dispute pertains to the reduced and/or non-payment of Return-to-Work Rehabilitation / Work Hardening services rendered on eleven dates of service from December 16, 2024, through January 28, 2025, and billed under CPT codes 97545-WH and 97546-WH.

For division purposes, CPT code 97545-WH is described as: the first two hours of each session of a Work Hardening program. CPT code 97546-WH is described as: each additional hour of a Work Hardening program session.

DWC finds that 28 TAC §134.230 applies to the billing and reimbursement of the Work Hardening services in dispute.

28 TAC §134.230(1) states "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."

28 TAC §134.230(3) which sets out the MAR for Work Hardening reimbursement, 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..."

3. A review of the "Medical Fee Dispute Resolution (MFDR) Request" form DWC060 submitted by the requester finds that two procedure codes, 97545-WH and 97546-WH, are populated in the "Service Codes in Dispute" field.

Procedure code 97545-WH, on all disputed dates of service, is shown to be in dispute in the amount of \$0.00, according to the "Amount in Dispute" field of the DWC060 form. A review of the submitted medical bills and explanation of benefits documents finds that procedure code 97545-WH has been reimbursed the full charged amounts for all disputed dates of service. Therefore, only the procedure code 97546-WH will be considered for adjudication in this MFDR review.

4. The requester seeks additional reimbursement for procedure code 97546-WH rendered on disputed dates of service December 16, 2024, December 17, 2024, and December 19, 2024.

The requester billed CPT code 97546-WH x 2 units on each disputed date of service. As outlined above, per 28 TAC §134.230(3)(A), each additional hour of WH shall be billed using CPT code 97546 with modifier "WH" and reimbursement shall be \$64 per hour with non-CARF accredited programs reimbursed at 80 percent of the MAR, per subsection (1)(B).

DWC Rule 28 TAC §133.307, which sets out the procedures for resolution of medical fee disputes, states in pertinent part, "(c) Requests. Requests for MFDR must be legible and filed in the form and manner prescribed by the division... The requestor must send the request to the division in the form and manner prescribed by the division by any mail service, personal delivery, or electronic transmission as described in §102.5 of this title. The request must include: ... (M) a copy of all applicable medical records related to the dates of service in dispute."

A review of the submitted medical records and Work Hardening Daily Activity Logs finds that none of the Work Hardening Daily Activity Logs correspond to dates of service December 16, 17 or 19, 2024. As a result, DWC is not able to determine the amount of time spent rendering work hardening activities on those dates of service.

DWC finds that the requester is not entitled to additional reimbursement for the disputed procedure code 97546-WH x 2 units rendered on December 16, 2024, December 17, 2024, and December 19, 2024.

5. The requester is seeking additional reimbursement for non-CARF accredited Work Hardening program services, billed under 97546-WH, rendered on eight dates of service from January 6, 2025, through January 28, 2025. The total amount in dispute for these dates of service is \$871.80.

A review of the medical bills and explanation of benefits submitted for these disputed dates of service finds the following:

- For January 6, 2025, the requester charged \$102.40 for 97546-WH x 2 units; the insurance carrier paid \$12.80.
- For January 7, 2025, the requester charged \$102.40 for 97546-WH x 2 units; the insurance carrier paid \$12.80.
- For January 8, 2025, the requester charged \$102.40 for 97546-WH x 2 units; the insurance carrier paid \$12.80.
- For January 14, 2025, the requester charged \$102.40 for 97546-WH x 2 units; the insurance carrier paid \$12.80.
- For January 16, 2025, the requester charged \$102.40 for 97546-WH x 2 units; the insurance carrier paid \$12.80.
- For January 21, 2025, the requester charged \$102.40 for 97546-WH x 2 units; the insurance carrier paid \$12.80.
- For January 27, 2025, the requester charged \$102.40 for 97546-WH x 2 units; the insurance carrier paid \$12.80.
- For January 28, 2025, the requester charged \$256.00 for 97546-WH x 5 units; the insurance carrier paid \$12.80.
- The requester charged a total amount of \$972.80 for the above combined dates of service.
- The insurance carrier paid a total amount of \$102.40 for the above combined dates of service.

A review of the medical records and the Work Hardening Daily Activity Logs finds that documentation supports the number of units billed by the requester for procedure code 97546-WH rendered on the disputed dates of service shown above. Therefore, DWC finds that the requester is entitled to the maximum allowable reimbursement in accordance with 28 TAC §134.230, as calculated below:

- In accordance with TAC §134.230, the following calculation is applied to determine the MAR for 2 hours (2 units) of CPT 97546-WH rendered on seven dates of service from January 6, 2025, through January 27, 2025, by a non-CARF accredited program:
 - $\$64.00/\text{hour} \times 2 \text{ hours} = \$128.00 \times 80\% = \$102.40$ per each afore mentioned disputed dates of service.

- In accordance with TAC §134.230, the following calculation is applied to determine the MAR for 5 hours (5 units) of CPT 97546-WH rendered on January 28, 2025, by a non-CARF accredited program:
 - \$64.00/hour x 5 hours = \$320.00 x 80% = \$256.00 for disputed date of service January 28, 2025.

DWC finds that the requester is entitled to reimbursement in the MAR amount of \$972.80 for procedure code 97546-WH rendered on eight dates of service from January 6, 2025, through January 28, 2025. The insurance carrier paid \$102.40 for procedure code 97546-WH rendered on these dates of service.

DWC finds that the requester is entitled to additional reimbursement in the amount of \$870.40 for procedure code 97546-WH rendered on eight disputed dates of service from January 6, 2025, through January 28, 2025.

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 additional reimbursement in the amount of \$870.40 for the disputed dates of service January 6, 2025, through January 28, 2025, 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, Old Republic Insurance Co., must remit to the requester, Bryce Kindley, D.C., \$870.40 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		July 16, 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, 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.