



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

Peak Integrated Healthcare

Respondent Name

Arch Indemnity Insurance Company

MFDR Tracking Number

M4-26-0062-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 8, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 29, 2025	97545-WH	\$102.40	\$102.40
May 29, 2025	97546-WH	\$307.20	\$307.20
May 30, 2025	97545-WH	\$102.40	\$102.40
May 30, 2025	97546-WH	\$102.40	\$102.40
June 4, 2025	99213	\$193.79	\$193.79
June 4, 2025	99080-73	\$15.00	\$15.00
June 4, 2025	97545-WH	\$102.40	\$102.40
June 4, 2025	97546-WH	\$256.00	\$256.00
June 5, 2025	97545-WH	\$102.40	\$102.40
June 5, 2025	97546-WH	\$307.20	\$307.20
June 9, 2025	97545-WH	\$102.40	\$102.40
June 9, 2025	97546-WH	\$102.40	\$102.40
June 11, 2025	97545-WH	\$102.40	\$102.40
June 11, 2025	97546-WH	\$307.20	\$307.20
June 13, 2025	97545-WH	\$102.40	\$102.40
June 13, 2025	97545-WH [97546-WH]	\$51.20	\$51.20
Total		\$2,359.19	\$2,359.19

Requester's Position

"AFTER RECONSIDERATION WE WERE DENIED PAYMENT FOR AUTHORIZED SERVICES FOR A COMPENSABLE INJURY STATING EXACT DUPLICATE AND PREVIOUSLY PAID, OR DENIED FOR ABSENCE OF PREAUTHORIZATION, OR BILLED DIAGNOSIS NOT ALLOWED IN THIS CLAIM. WE DISAGREE AND HAVE ATTACHED THE WH AUTHORIATION FOR YOUR REFERENCE. ALSO, THE RECENT DD EXAM OF 06/05/2025 STATES AGAIN THE COMPENSABLE INJURIES WHICH WERE TREATEED FOR, SEE ATTACHED. THESE BILLS SHOULD BE PAID IN FULL AND THERE IS NOT AN DISPUTE FOR THESE CORRECTLY BILLED CLAIMS FOR ALLOWED COMPENSABLE INJURIES."

Amount in Dispute: \$387.02

Respondent's Position

"All of the services were for a work hardening program except for an office visit and the issuance of a work status report on June 4, 2025. The provider billed \$2,359.19. The provider is seeking that amount. We are attaching a copy of the carriers EORs. Carrier's position is that the provider is not entitled to reimbursement."

Response Submitted by: Flahive, Ogden & Latson

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](#) Medical Fee Dispute (MDR) General.
2. [28 TAC §133.307](#) Medical Fee Dispute Resolution.
3. [28 TAC §134.203](#) Medical Fee Guideline for Professional Services.
4. [28 TAC §134.230](#) Return to Work Rehabilitation Programs.
5. [28 TAC §129.5](#) Work Status Reports.
6. [28 TAC §134.239](#) Billing for Work Status Reports.
7. [28 TAC §133.308](#) MDR of Medical Necessity Disputes.
8. [28 TAC §133.240](#) Medical Payments and Denials.

Denial Reasons

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

- 1014 - Original review confirmed, no additional allowance warranted.
- 2005 - No additional reimbursement after appeal/reconsideration.
- 193 - Original payment decision maintained; claim processed properly.
- 947 - Upheld, no additional allowance recommended.
- MA46 - New information considered but no additional payment issued.

- W3 - Bill is a reconsideration or appeal
- 1124 - Corrected dates of service.
- 1125 - Corrected procedure codes.
- 5085 - Payment denied; billed diagnosis not allowed.
- 282 - Charge not related to injury/diagnosis.
- 11 - Diagnosis inconsistent with procedure.
- N559 - Not covered for reported diagnosis.
- 219 - Based on extent of injury.
- 96 - Non-covered charges.
- P4 - Workers compensation claim adjudicated non-compensable; payer not liable.
- 5050 - Claim denied; no payment will be made
- P12 - Workers compensation jurisdictional fee schedule adjustment.
- N600 - Adjusted based on applicable fee schedule for the service region.
- N612 - Provider not authorized/certified for injured workers in this jurisdiction
- P3 - Adjustments for billing errors or services not reasonable/necessary; not usually patient responsibility.

Issues

1. Is the insurance carrier's denial regarding the extent of injury supported?
2. Are the insurance carrier's denial reasons supported?
3. Is the requester entitled to reimbursement for CPT Code 99080-73?
4. Is the requester entitled to reimbursement for CPT Code 99213?
5. Is the requester entitled to reimbursement for CPT Codes 97545-WH and 97546-WH?
6. Is the requester entitled to reimbursement for the services in dispute?

Findings

1. The requester seeks reimbursement for work hardening services billed under CPT codes 97545-WH and 97546-WH, an office visit, billed under CPT code 99213 and a work status report billed under CPT code 99080-73. These services were provided between May 29, 2025 to June 13, 2025.

Per 28 TAC §134.203(b)(1), Texas workers' compensation participants must apply Medicare payment policies, including coding, billing, modifiers, and payment policies effective on the service date, for professional medical services.

CPT Code 99213: Defined as an office or outpatient visit for evaluation and management of an established patient, requiring a medically appropriate history/examination and low-level medical decision-making, typically involving 20–29 minutes on the date of service.

- 28 TAC §134.203 governs the billing and reimbursement for CPT Code 99213.

CPT Code 99080-73: Describes a work status report (DWC-73 form).

- Per 28 TAC §134.239, billing for work status reports not part of certain examinations must follow 28 TAC §129.5. The DWC finds §129.5 applicable for CPT Code 99080-73 reimbursement.

CPT Codes 97545-WH and 97546-WH: Refer to work hardening/comprehensive occupational rehabilitation programs. The first two hours are billed using 97545 with modifier "WH," and each additional hour with 97546-WH.

- 28 TAC §134.230(3), comprehensive occupational rehabilitation programs, as defined by CARF, are considered work hardening.
- 28 TAC §134.230 applies for billing and reimbursement of these codes.

2. The insurance carrier denied or reduced payment for CPT codes 99213, 99080-73, 97545-WH, and 97546-WH, citing the following denial codes:

- 96 (Non-covered charges), P4 (Workers' compensation claim adjudicated non-compensable), 5050 (Claim denied, no payment), 5085 (Payment denied, billed diagnosis not allowed), 282 (Charge not related to injury/diagnosis), 11 (Diagnosis inconsistent with procedure), N559 (Not covered for reported diagnosis), and 219 (Based on extent of injury).

28 TAC §133.305(b) requires that disputes over extent of injury, compensability, liability, or relatedness be resolved before submitting a medical fee dispute.

Upon review, the insurance carrier failed to provide evidence of filing a Plain Language Notice (PLN) as required by §133.307(d)(2)(H). There is no documentation showing the requester was informed of the PLN before the dispute was filed. Therefore, the carrier's denial on the extent of injury is not timely and does not meet the requirements under 28 TAC §133.240.

Since no unresolved extent of injury dispute exists, the services are eligible for adjudication under 28 TAC §133.307. Accordingly, CPT codes 99213, 99080-73, 97545-WH, and 97546-WH are reviewed under the applicable rules.

The carrier also denied the services with codes indicating:

- Corrected dates or procedure codes (1124, 1125), billing errors or services not reasonable/necessary (P3), provider not authorized (N612), jurisdictional fee schedule adjustments (P12), and fee schedule-based adjustments (N600).

The DWC finds the following:

- While the requester corrected some dates or procedure codes, the carrier denied these charges regardless.
- The claim that the provider was unauthorized lacks supporting documentation and is unsupported.

- The carrier’s medical necessity denial for the office visit and work status report lacks evidence of a retrospective utilization review per 28 TAC Chapter 19, Subchapter U.
- The work hardening services were preauthorized, undermining the carrier’s medical necessity denial.

Since the carrier’s denials for these reasons are unsupported, and the disputed services will be reviewed according to applicable fee guidelines.

3. The work status report dated June 4, 2025, was denied by the carrier. The DWC finds the denial unsupported. According to 28 TAC §129.5(i)(1), a physician may bill and receive reimbursement of \$15 for filing a complete work status report or providing a requested copy. The documentation complies with 28 TAC §129.5(d)(1) and (2), which require filing the report after the initial exam or upon change in work status.

Reimbursement of \$15.00 is therefore recommended for this service.

4. The office visit on June 4, 2025, was denied with unsupported reasons. Reimbursement is determined pursuant to 28 TAC §134.203.

The Maximum Allowable Reimbursement (MAR) is calculated as follows:

- DWC Conversion Factor (2025): 70.18
- Medicare Conversion Factor (2022): 32.3465
- Medicare payment for CPT 99213 in Dallas (zip 75043): \$89.32

Using the formula:

$$(DWC\ Conversion\ Factor / Medicare\ Conversion\ Factor) \times Medicare\ Payment = MAR$$

$$(70.18 / 32.3465) \times \$89.32 = \$193.79$$

The carrier paid \$0.00; therefore, reimbursement of \$193.79 is due.

6. Work hardening services rendered May 29, 2025, through July 13, 2025, were denied without valid support. Per 28 TAC §134.230:
 - CARF accreditation is recommended but not required.
 - Non-CARF accredited programs are reimbursed at 80% of the \$64/hour MAR, i.e., \$51.20/hour.
 - The first two hours per session are billed under 97545-WH; additional hours under 97546-WH. Units less than one hour are prorated in 15-minute increments.

Review of billing shows the program was non-CARF accredited. The following table summarizes the findings:

Date of Service	CPT code	No. of Hours	Non-CARF MAR 80% of \$64.00 = \$51.20	Amount in Dispute	IC Paid	Amount Due
5/29/25	97545-WH	2	\$51.20 x 2 units = \$102.40	\$102.40	\$0.00	\$102.40
	97546-WH	6	\$51.20 x 6 units = \$307.20	\$307.20	\$0.00	\$102.40

5/30/25	97545-WH	2	\$51.20 x 2 units = \$102.40	\$102.40	\$0.00	\$102.40
	97546-WH	2	\$64.00 x 2 units = \$102.40	\$102.40	\$0.00	\$102.40
6/4/25	97545-WH	2	\$51.20 x 2 units = \$102.40	\$102.40	\$0.00	\$102.40
	97546-WH	5	\$51.20 x 5 units = \$256.00	\$256.00	\$0.00	\$256.00
6/5/25	97545-WH	2	\$51.20 x 2 units = \$102.40	\$102.40	\$0.00	\$102.40
	97546-WH	6	\$51.20 x 6 units = \$307.20	\$307.20	\$0.00	\$307.20
6/9/25	97545-WH	2	\$51.20 x 2 units = \$102.40	\$102.40	\$0.00	\$102.40
	97546-WH	2	\$51.20 x 2 units = \$102.40	\$102.40	\$0.00	\$102.40
6/11/25	97545-WH	2	\$51.20 x 2 units = \$102.40	\$102.40	\$0.00	\$102.40
	97546-WH	6	\$51.20 x 6 units = \$307.20	\$307.20	\$0.00	\$307.20
6/13/25	97545-WH	2	\$51.20 x 2 units = \$102.40	\$102.40	\$0.00	\$102.40
	97546-WH	1	\$51.20	\$51.20	\$0.00	\$51.20
Total		42	\$2,150.40	\$2,150.40	\$0.00	\$2,150.40

7. The requester has established entitlement to reimbursement as follows:

- \$15.00 for the work status report (CPT 99080-73)
- \$193.79 for the office visit (CPT 99213)
- \$2,150.40 for work hardening services (CPT 97545-WH and 97546-WH)
- Total recommended reimbursement: \$2,359.19

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.

The DWC finds the requester has established that reimbursement of \$2,359.19 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 \$2,359.19 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

October 31, 2025
Date

Your Right to Appeal

Parties to this medical fee dispute have a right to seek review of this decision under 28 TAC §133.307. 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 the 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 electrónico CompConnection@tdi.texas.gov.