



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

Robert Zuniga, D.C.

**Respondent Name**

Sentinel Insurance Company Ltd

**MFDR Tracking Number**

M4-26-0468-01

**Insurance Carrier's Austin Representative**

BOX 47 Burns Anderson Jury Brenner & Donovan

**DWC Date Received**

October 20, 2025

## Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 13, 2025	97546-WH	\$204.80	\$0.00
May 14, 2025	97546-WH	\$204.80	\$0.00
May 15, 2025	97546-WH	\$204.80	\$0.00
May 19, 2025	97546-WH	\$204.80	\$0.00
May 20, 2025	97546-WH	\$204.80	\$0.00
<b>Total</b>		<b>\$1,024.00</b>	<b>\$0.00</b>

## Requester's Position

"Our office received an explanation of review for date of service 05/13/2025- 05/20/2025 however, according to the explanation of benefits: 309 (procedure exceeds the fee schedule allowance) 600 (allowance based on maximum number of units allowed according to the fee schedule) P12(workers compensation fee schedule). Pre-authorization was obtained; ..."

**Amount In Dispute:** \$1,024.00

## Respondent's Position

"After further review of the documentation submitted with this dispute, there is no additional amount warranted. The original bill for dos 5/13-5/20/25 was received on 6/2/25 and denied as an itemized billing of the time spent performing this service is needed for further review on 6/13/25. Bill reprocessed on 9/9/25 under control number [redacted] and paid per fee schedule in the amount of \$1024.00 per the report the provider submitted."

**Response Submitted By:** The Hartford Financial Services Group, Inc.

## Findings and Decision

### Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [134.203](#) sets out the fee guidelines for professional medical services.
3. 28 TAC Section [134.230](#) sets out medical fee guidelines for Return-to-Work Rehabilitation programs.

### Adjustment Reasons

The insurance carrier reduced payment for the disputed services with the following reasons:

1. 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
2. 267 – An itemized billing of the time spent performing this service is needed for further review.
3. W3 – Bill is a reconsideration or appeal.
4. 309 – The charge for this procedure exceeds the fee schedule allowance.
5. 600 – Allowance based on maximum number of units allowed according to the fee schedule and/or service code description or regulations.
6. P12 – Workers' compensation jurisdictional fee schedule adjustment.
7. 1001 – Based on the corrected billing and/or additional information/documentation submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
8. 2008 – Additional payment made on appeal/reconsideration.

## Issues

1. What is DWC considering in this medical fee dispute?
2. Has the insurance carrier issued payment for the work hardening service in accordance with 28 TAC Section 134.230?
3. Is the requester entitled to additional reimbursement?

## Findings

1. The requester is seeking additional reimbursement for CPT code 97546-WH, which was provided on multiple dates between May 13, 2025 and May 20, 2025. A review of the medical bill finds that the requester billed 2 hours under CPT code 97545-WH, which is not in dispute, and 6 hours of CPT code 97546-WH. The requester billed \$384.00 for 6 hours of a non-CARF accredited work hardening program. The insurance carrier denied payment on initial explanation of review (EOR) and after reconsideration, partial payment was recommended.
2. The requester billed with CPT code 97546-WH, modifier "CA" was not appended to the disputed CPT code. Therefore, the requester provided a non-CARF accredited work hardening service.

TAC Section 134.230, sets out the fee guidelines for work hardening services.

28 TAC Section 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 Section 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

According to the reconsideration explanation of benefits, the insurance carrier issued partial payments of \$102.40 for 2 hours of non-CARF-accredited work hardening services on each disputed date of service. The remaining charges were reduced using codes 16 and 267, as described above.

3. A review of the medical documentation finds the following:
  - Date of service (DOS) May 13, 2025 the requester documented 30 minutes for treadmill walking and 40 minutes for walking. Although the requester indicates the start and end time, with a total of 480 minutes, the requester did not identify the

service rendered for each additional hour of time billed under CPT code 97546.

- DOS May 14, 2025 the requester documented 20 minutes for treadmill walking, 15 minutes for walking and 10 minutes for airdyne cycle. Although the requester indicates the start and end time, with a total of 480 minutes, the requester did not identify the service rendered for each additional hour of time billed under CPT code 97546.
- DOS May 15, 2025 the requester documented 35 minutes for treadmill walking, 20 minutes for walking and 15 minutes for airdyne cycle. Although the requester indicates the start and end time, with a total of 480 minutes, the requester did not identify the service rendered for each additional hour of time billed under CPT code 97546.
- DOS May 19, 2025 the requester documented 15 minutes for treadmill walking, 20 minutes for walking and 10 minutes for airdyne cycle. Although the requester indicates the start and end time, with a total of 480 minutes, the requester did not identify the service rendered for each additional hour of time billed under CPT code 97546.
- DOS May 20, 2025 the requester documented 15 minutes for treadmill walking, 10 minutes for walking, 10 minutes for airdyne cycle and 15 minutes for upper extremity cycle. Although the requester indicates the start and end time, with a total of 480 minutes, the requester did not identify the service rendered for each additional hour of time billed under CPT code 97546.

DWC finds that pursuant to 28 TAC Section 134.230(3)(A)(B) the requester has not established that additional reimbursement is due. As a result, the requester is entitled to \$0.00 for the disputed services.

### Conclusion

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

DWC finds the requester has not established that additional reimbursement is due.

### **Order**

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 27, 2026  
\_\_\_\_\_  
Date

## Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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, please call CompConnection at 800-252-7031, option three 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).