TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
LABORDE THERAPY CENTER

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-20-0417-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
OCTOBER 16, 2019

REQUESTOR'S POSITION SUMMARY

"Since it is a Texas claim and a Louisiana patient…Texas mutual pays at the tx fee amt..which is far below our Rate."

Amount in Dispute: $800.00

RESPONDENT'S POSITION SUMMARY

"The requester billed for a functional capacity evaluation provided on the date above. The requestor's documentation does not include functional abilities testing, specifically cardiovascular endurance tests which measure aerobic capacity using a stationary bicycle or treadmill…No payment is due for an incomplete test."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 20, 2019	CPT Code 97750-GP-FC (X16)	$800.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

1. 28 Texas Administrative Code §133.307 (TAC), effective May 31, 2012 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. 28 Texas Administrative Code §134.225, effective July 7, 2016, sets the reimbursement guidelines for the

disputed service.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - CAC-4-The procedure code is inconsistent with the modifier used or a required modifier is missing.
   - 732-Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed.
   - 739-Documentation submitted indicates an FCE was performed. Utilize the appropriate modifier.

Issues

Does the documentation support billing CPT code 97750-GP-FC? Is the requestor entitled to reimbursement?

Findings

1. The requestor provided a functional capacity evaluation (FCE) in the state of Louisiana on February 20, 2019 to an injured employee with an existing Texas Workers' Compensation claim. The requestor was dissatisfied with the respondent's final action. The requestor filed for dispute resolution under 28 TAC §133.307. The DWC concludes that because the requestor sought the administrative remedy outlined in 28 TAC§133.307 for resolution of the matter of the request for payment, the dispute is to be decided under the jurisdiction of the Texas Workers' Compensation Act and applicable rules.

2. The applicable fee guideline for FCEs is found at 28 TAC §134.225.

3. "According to the submitted explanation of benefits the respondent denied reimbursement for the FCE based upon: "CAC-4-The procedure code is inconsistent with the modifier used or a required modifier is missing;" "732-Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed;" and "739-Documentation submitted indicates an FCE was performed. Utilize the appropriate modifier." Per 28 TAC §134.225, "FCEs shall be billed using CPT code 97750 with modifier 'FC.'" The requestor billed with the modifier "GP" that is not consistent with 28 TAC §134.225.

4. The respondent wrote "The requestor's documentation does not include functional abilities testing, specifically cardiovascular endurance tests which measure aerobic capacity using a stationary bicycle or treadmill."

   28 TAC §134.225 states:

   > The following applies to functional capacity evaluations (FCEs). A maximum of three FCEs for each compensable injury shall be billed and reimbursed. FCEs ordered by the division shall not count toward the three FCEs allowed for each compensable injury. FCEs shall be billed using CPT code 97750 with modifier "FC." FCEs shall be reimbursed in accordance with §134.203(c)(1) of this title. Reimbursement shall be for up to a maximum of four hours for the initial test or for a division ordered test; a maximum of two hours for an interim test; and a maximum of three hours for the discharge test, unless it is the initial test. Documentation is required. FCEs shall include the following elements:
   >
   > (1) A physical examination and neurological evaluation, which include the following:
   >
   > (A) appearance (observational and palpation);
   >
   > (B) flexibility of the extremity joint or spinal region (usually observational);
   >
   > (C) posture and deformities;
   >
   > (D) vascular integrity;
   >
   > (E) neurological tests to detect sensory deficit;
   >
   > (F) myotomal strength to detect gross motor deficit; and
   >
   > (G) reflexes to detect neurological reflex symmetry.
   >
   > (2) A physical capacity evaluation of the injured area, which includes the following:
   >
   > (A) range of motion (quantitative measurements using appropriate devices) of the injured joint or region; and

(B) strength/endurance (quantitative measures using accurate devices) with comparison to contralateral side or normative database. This testing may include isometric, isokinetic, or isoinertial devices in one or more planes.

(3) Functional abilities tests, which include the following:

(A) activities of daily living (standardized tests of generic functional tasks such as pushing, pulling, kneeling, squatting, carrying, and climbing);

(B) hand function tests that measure fine and gross motor coordination, grip strength, pinch strength, and manipulation tests using measuring devices;

(C) submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill; and

(D) static positional tolerance (observational determination of tolerance for sitting or standing).

5. A review of the submitted report finds the requestor did not document all the elements required for FCEs, specifically, "submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill". The DWC finds the respondent's denial is supported and reimbursement is not recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the DWC has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	11/18/2019 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.