



# 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**

AUSTIN CHIROPRACTIC ASSOCIATES, PA

**Respondent Name**

LIBERTY INSURANCE CORP

**MFDR Tracking Number**

M4-20-0850-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

December 6, 2019

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The code 97750 was performed following a Designated Doctor referral and therefore billed in conjunction with '99456-W5', (not just '99456' without the W5 proprietary DWC modifier)... 97750 (functional testing) is thus separately reimbursable when billed with the 99456-W5 code and not subject to any CCI edits or 'unbundling' that might be applicable to the AMA CPT 99456 code only."

**Amount in Dispute:** \$209.96

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The bill has been reviewed and denial stands as the provider billed CPT 99456 and 97750 on the same DOS; payment for 99456 was issued. Denial for 97750 states: Per NCCI, the procedure code is denied, based on standard of medical, surgical practice as procedure included in 99456. Attached is a printout from EncoderPro.Com showing cods may not be billed together."

**Response Submitted by:** Liberty Mutual Insurance

### SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
August 15, 2019	97750	\$209.96	\$0.00

### FINDINGS AND DECISION

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

**Background**

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §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 TAC §134.250, sets out the procedure for Maximum Medical Improvement Evaluations and Impairment Rating Examination

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 813-Previously Paid. Payment for this claim/service may have been provided in a previous payment
  - 509-The charge for this procedure exceeds the fee schedule allowance
  - 906-In accordance with clinical based coding edits (National Correct Coding initiative/outpatient code editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.

### **Issue(s)**

1. What is the definition of CPT Code 97750?
2. Is the respondent's denial reason supported?
3. Is the requestor entitled to reimbursement?

### **Findings**

1. Per 28 TAC §134.203 (b) states in pertinent part, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

97750 defined as "Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each **15** minutes."

2. The requestor seeks reimbursement for CPT Code 97750 rendered on August 15, 2019 and billed in conjunction with CPT Code 99456-W5-WP. The insurance carrier denied the disputed charges with reduction codes; "813-Previously Paid. Payment for this claim/service may have been provided in a previous payment"; "509-The charge for this procedure exceeds the fee schedule allowance" and "906-In accordance with clinical based coding edits (National Correct Coding initiative/outpatient code editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed."

The carrier states in pertinent part, "Denial for 97750 states: Per NCCI, the procedure code is denied, based on standard of medical, surgical practice as procedure included in 99456. Attached is a printout from EncoderPro.Com showing cods may not be billed together."

The requestor states in pertinent part, "The code 97750 was performed following a Designated Doctor referral and therefore billed in conjunction with '99456-W5', (not just '99456' without the W5 proprietary DWC modifier)... 97750 (functional testing) is thus separately reimbursable when billed with the 99456-W5 code and not subject to any CCI edits or 'unbundling' that might be applicable to the AMA CPT 99456 code only."

Per 28 TAC §134.250 (5), "If the examination for the determination of MMI and/or the assignment of IR requires testing that is not outlined in the AMA Guides, the appropriate CPT code(s) shall be billed and reimbursed in addition to the fees outlined in paragraphs (3) and (4) of this section."

Per 28 TAC 134.250 (4)(C)(ii)(II) states, "(4) The following applies for billing and reimbursement of an IR evaluation... (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas... (ii) The MAR for musculoskeletal body areas shall be as follows... (II) If full physical evaluation, with range of motion, is performed..."

The Division finds that when CPT Code 97750 is performed with CPT Code 99456-W5-WP reimbursement cannot be recommended. As a result, the insurance carrier's denial reason is supported, and the requestor is therefore not entitled to reimbursement for CPT Code 97750.

3. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for CPT Code 97750, rendered on August 15, 2019.

**Conclusion**

For the reasons stated above, the Division 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 Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	December 19, 2019 Date
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***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 TAC §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 TAC §141.1(d).

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