



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Simon Forster, D.C.

Respondent Name

United States Fire Insurance Co.

MFDR Tracking Number

M4-22-1795-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

April 22, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 17, 2022	Functional Testing 97750-GP	\$209.96	\$0.00

Requestor's Position

I ordered / performed a functional assessment billed by utilizing AMA CPT code "97750", which is a completely distinct and separate procedure from the procedure 99456 W5 WP. The code 97750 is code for functional testing ... 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 modifier) ... **Any additional testing is performed separately to the exams, and not as a component of the exams.**

Amount in Dispute: \$209.96

Respondent's Position

The provider's initial bill using code 97750 was correctly denied. Pursuant to the state guidelines for the disputed CPT code, 97750, this code is inclusive with charge for CPT code 99456. These codes should not be billed together under any circumstance so any modifiers billed would not override the NCCI edit rule.

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.210 sets out the guidelines for division-specific services.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 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.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 5249 – This is not a billable item and is considered to be unbundled from another service.

Issues

1. Is Simon Forster, D.C. entitled to additional reimbursement?

Findings

1. Dr. Forster is seeking reimbursement for a functional assessment performed in conjunction with a designated doctor examination.

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 designated doctor examination charges [emphasis added].

DWC finds that the requestor failed to demonstrate that the assessment that was performed was in excess of the AMA Guides. No reimbursement can be recommended for the service in question.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent 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 §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

_____	_____	June 29, 2022
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, 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.