



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

AUSTIN CHIROPRACTIC ASSOCIATES

**Respondent Name**

STANDARD FIRE INSURANCE COMPANY

**MFDR Tracking Number**

M4-22-2822-01

**Carrier's Austin Representative**

Box Number 05

**DWC Date Received**

August 31, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 9, 2022	97750-GP	\$294.96	\$0.00
<b>Total</b>		\$294.96	\$0.00

### Requestor's Position

"You are in error for denying reimbursement for code 97750-FC by incorrectly applying CCI edits to exclusive Division of Work Comp (DWC) commission-specific, proprietary codes which are governed by TAC rule and ARE NOT SUBJECT TO CCI EDITS."

**Amount in Dispute:** \$294.96

### Respondent's Position

"The Provider contends they are entitled to separate reimbursement for the functional capacity evaluation. The Provider argues in their request for reconsideration letter that they are entitled to separate reimbursement for the functional capacity evaluation as reflected in the Division rules for reimbursement of CPT code 97750-FC. In reviewing the Provider's HCFA-1500 dated 06-29-2022, however, the Provider billed CPT code 97750-GP. This same dated bill was submitted for both the original billing and the request for reconsideration... The Provider has not submitted billing for CPT code 97750-FC to the Carrier prior to filing this Request for Medical Fee Dispute Resolution. Consequently, the Provider is not entitled to reimbursement for a functional capacity evaluation as it has never billed to the Carrier, and this Request for Medical Fee Dispute should be dismissed under Rule 133 .307(f)(3)(A)."

**Response Submitted by:** Travelers

## 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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §134.250, sets out the procedure for Maximum Medical Improvement Evaluations and Impairment Rating Examination.

### Denial Reasons

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

- W3-Bill is a reconsideration or appeal.
- 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.
- 2005-No additional reimbursement allowed after review of appeal/reconsideration.
- 947-Upheld. No additional allowance has been recommended.

### Issues

1. Did the requestor bill CPT Code 97750-FC or CPT Code 97750-GP?
2. What is the definition of CPT Code 97750-GP?
3. Is the respondent's denial reason supported?
4. Is the requestor entitled to reimbursement?

### Findings

1. The requestor seeks reimbursement for CPT Code 97750-GP. Review of the requestor's position summary indicates, "The service code in dispute is 97750-FC (functional capacity evaluation testing) in the amount of \$294.96 (4 units)..."

Review of the CMS-1500 and EOBs presented by the parties indicate that the requestor billed CPT Code 97750-GP-Physical performance Test, not CPT Code 97750-FC-Division specific functional capacity evaluation.

28 TAC 133.307(c) states, "...Requests for MFDR must be legible and filed in the form and manner prescribed by the division... (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor must send the request to the division in the form and manner prescribed by the division by any mail service, personal delivery, or electronic transmission as described in §102.5 of this title. The request must include... (F) the treatment or service code(s) in dispute..."

28 TAC 133.307(c)(2)(J) states, "...a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills)..."

Per 28 TAC 133.307 (c)(2)(K) states, "...each explanation of benefits or e-remittance (collectively 'EOB') related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB..."

The DWC will find that CPT Code 97750-GP was billed and audited by the insurance carrier prior to the filing of the MDR. The DWC will therefore review, CPT Code 97750-GP.

2. The requestor seeks reimbursement for CPT Code 97750-GP rendered on June 9, 2022.

The insurance carrier denied the disputed service with denial reduction codes indicated above.

28 TAC §134.203(b)(1) states, "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."

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

3. The requestor seeks reimbursement for CPT Code 97750-GP rendered on June 9, 2022 and billed in conjunction with CPT Code 99456-W5-WP. The insurance carrier denied the disputed charges with reduction codes; 906, and 97 descriptions provided above.

The carrier states in pertinent part, "The Provider has not submitted billing for CPT code 97750-FC to the Carrier prior to filing this Request for Medical Fee Dispute Resolution. Consequently, the Provider is not entitled to reimbursement for a functional capacity evaluation as it has never billed to the Carrier..."

The requestor states in pertinent part, "The service code in dispute is 97750-FC (functional capacity evaluation testing) in the amount of \$294.96 (4 units) which was performed as a required test in conjunction with the Designated Doctor Exam (99456-W5 WP) also performed on 06/09/2022."

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-GP 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 not entitled to reimbursement for CPT Code 97750-GP.

4. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for CPT Code 97750-GP, rendered on June 9, 2022.

### 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.

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

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has not determined the requestor is entitled to reimbursement for the disputed services.

### **Authorized Signature**



\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
September 27, 2022  
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](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 1-800-252-7031, option 3 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 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](mailto:CompConnection@tdi.texas.gov).