TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Gulf Coast Functional Testing

Respondent Name
XL Specialty Insurance Co.

MFDR Tracking Number
M4-23-0696-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
November 18, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 10, 2022	Functional Capacity Evaluation 97750-FC-GP	$600.00	$0.00

Requestor's Position

The treating doctor recommended the services. We feel that our facility should be paid according to the workers compensation fee schedule guidelines.

Amount in Dispute: $600.00

Respondent's Position

The carrier's position remains as indicated in the denial language on the EOBs.

Response Submitted by: Flahive, Ogden & Latson

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 §134.225 sets out the fee guidelines for division-specific functional capacity evaluations.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 296 – Service exceeds maximum reimbursement guidelines.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is John Taylor, D.C. entitled to additional reimbursement?

Findings

1. Dr. Taylor is seeking reimbursement for a functional capacity evaluation performed on June 10, 2022, and billed with procedure code 97750-FC-GP. Modifier "FC" indicates that the service was a division-specific service.

   The fee guidelines found at 28 TAC §134.225 give the requirements for division-specific functional capacity evaluations. The health care provider must document:

   - A physical examination and neurological evaluation, which include the following:
     - Appearance (observational and palpation);
     - Flexibility of the extremity joint or spinal region (usually observational);
     - Posture and deformities;
     - Vascular integrity;
     - Neurological tests to detect sensory deficit;
     - Myotomal strength to detect gross motor deficit; and
     - Reflexes to detect neurological reflex symmetry.
   - A physical capacity evaluation of the injured area, which includes the following:
     - Range of motion (quantitative measurements using appropriate devices of the injured joint or region; and
     - 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.
   - Functional abilities tests, which include the following:
     - Activities of daily living (standardized tests of generic functional tasks such as pushing, pulling, kneeling, sqatting, carriying, and climbing);

- Hand function tests that measure fine and gross motor coordination, grip strength, pinch strength, and manipulation tests using measuring devices;
- Submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill; and
- Static positional tolerance (observational determination ot tolerance for sitting or standing).

Submitted documentation does not support performance of a physical and neurological evaluation in accordance with 28 TAC §§134.225 (1)(A) through (G) or static positional tolerance in accordance with 28 TAC §134.225 (3)(D). Reimbursement cannot be recommended.

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

Signature	Medical Fee Dispute Resolution Officer	January 24, 2023 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 electronico CompConnection@tdi.texas.gov.