



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Troy Robinson, D.C.

**Respondent Name**

Standard Fire Insurance Co.

**MFDR Tracking Number**

M4-23-3127-01

**Carrier's Austin Representative**

Box Number 5

**DWC Date Received**

August 9, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
03/24/2023	97750-FC	\$625.15	\$0.00

### Requestor's Position

"FCE's are billed in 15 minute increments and displayed as such on the units column of the HCFA. Each unit is billed accordingly based on Medical Fee Guideline conversion factors as established by DWC rule. **Amount in Dispute:** \$252.52

### Respondent's Position

"The Carrier has reviewed the documentation and determined the Provider is entitled to additional reimbursement for the disputed services. Supplemental reimbursement is being issued under the application of the multiple procedure rule... With the supplemental reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement."

**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 Texas Administrative Code ([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 §134.210](#) applied to fee guidelines for division-specific services.
4. [28 TAC §134.225](#) sets the reimbursement guidelines for FCEs.

### Adjustment Reasons

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

- 119 - BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.
- 97 – PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- 163 - THE CHARGE FOR THIS PROCEDURE EXCEEDS THE UNIT VALUE AND/OR THE MULTIPLE PROCEDURE RULES.
- 3244 - THE BILLING OF THE PROCEDURE CODE HAS EXCEEDED THE NATIONAL CORRECT CODING INITIATIVE MEDICALLY UNLIKELY EDITS AMOUNT FOR THE NUMBER OF TIMES THIS PROCEDURE CAN BE BILLED ON A DATE OF SERVICE.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- W3 – Bill is a reconsideration or appeal.
- 947 – UPHELD. NO ADDITIONAL ALLOWANCE HAS BEEN RECOMMENDED.
- 2005 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
- 2008 – ADDITIONAL PAYMENT MADE ON APPEAL / RECONSIDERATION.
- 9105 - Additional payment made based on State Decision. Payment is final.

### Issues

1. How much has the requestor been paid, as of the date of this review, for the disputed services?
2. Is the requestor entitled to additional reimbursement for CPT code 97750-FC rendered on March 24, 2023?

## Findings

1. The requestor billed \$1,014.88 for 16 units of a functional capacity evaluation (FCE) rendered on date of service March 24, 2023, using CPT code 97750-FC. Review of EOBs submitted finds that the insurance carrier initially issued a payment on April 7, 2023, in the amount of \$389.73.

In its response to the medical fee dispute resolution (MFDR) request, the insurance carrier submitted evidence of a supplemental payment issued to the requestor on August 24, 2023, in the amount of \$372.80, issued.

DWC finds that as of the date of this MFDR review, the requestor has been reimbursed a total amount of \$762.53 for the service in dispute.

2. The requestor seeks additional reimbursement in the amount of \$625.15 for CPT code 97750-FC X 16 units rendered on March 24, 2023. CPT code 97750 represents a functional capacity evaluation (FCE).

28 TAC §134.225 states: "The following applies to functional capacity evaluations (FCEs) ... 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."

DWC finds that 28 TAC §134.203 applies to the reimbursement of CPT code 97750-FC.

Per 28 TAC §134.203 (b)(1), parties are required to apply Medicare payment policies, including its coding, billing, correct coding initiatives (CCI) edits, modifiers, and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules to workers' compensation coding, billing, reporting, and reimbursement of professional medical services.

Per [Medicare Claims Processing Manual \(cms.gov\)](#), Chapter 5, 10.7, effective February 6, 2019:

Medicare applies a multiple procedure payment reduction (MPPR) to the practice expense (PE) payment of select therapy services. The reduction applies to the HCPCS codes contained on the list of "always therapy" services ...

Many therapy services are time-based codes, i.e., multiple units may be billed for a single procedure ...

Full payment is made for the unit or procedure with the highest PE payment ... For subsequent units and procedures with dates of service on or after April 1, 2013, furnished to the same patient on the same day, full payment is made for work and malpractice and 50 percent payment is made for the PE for services submitted on either professional or institutional claims.

Procedure code 97750 is classified as "always therapy" in the Therapy Code List and Dispositions found in the [Annual Therapy Update | CMS](#). Therefore, DWC finds that the MPPR applies to the reimbursement of this code.

The MPPR Rate File that contains the payments for 2023 services is found at [www.cms.gov/Medicare/Billing/TherapyServices/index.html](http://www.cms.gov/Medicare/Billing/TherapyServices/index.html).

To determine the maximum allowable reimbursement (MAR) the following formula is used:  
(DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

- MPPR rates are published by carrier and locality.
- The disputed date of service is March 24, 2023.
- The disputed service was rendered in zip code 78228, locality 99, "Rest of TX".
- The Medicare participating amount for CPT code 97750 at this locality in 2023 is \$33.21 for the first unit, and \$24.36 for subsequent units.
- The 2023 DWC Conversion Factor is 64.83
- The 2023 Medicare Conversion Factor is 33.8872
- Using the formula above, the MAR for 16 units of 97750-FC in locality 99 in 2023, is \$762.58.
- The insurance carrier paid a total amount of \$762.53.
- No additional reimbursement is recommended.

DWC finds that no additional reimbursement is due.

### 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 that the requestor has not established that additional reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 additional reimbursement for the disputed service.

### **Authorized Signature**

_____	_____	October 5, 2023
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](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).