



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Christopher Henn, D.C.

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-24-1150-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 22, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 8, 2023	97750	\$185.03	\$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: \$185.03

Respondent's Position

"In the carrier's EOR dated March 14, 2023, based upon 12 units, the carrier reimbursed the provider the amount of \$576.13. The carrier's reimbursement rate is consistent with the Medical Fee Guidelines. We are attaching a copy of the carrier's calculation in arriving at the reimbursement rate of \$576.13. The provider is not entitled to any additional payment."

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 ([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:

- 163 - THE CHARGE FOR THIS PROCEDURE EXCEEDS THE UNIT VALUE AND/OR THE MULTIPLE PROCEDURE RULES.
- 119 – BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.
- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- W3 – BILL IS A RECONSIDERATION OR APPEAL.
- 1001 - BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/ DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.
- 2008 - ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
- 197 - PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/ AUTHORIZATION.
- 5264 – PAYMENT IS DENIED SERVICE NOT AUTHORIZED.

Issues

1. Is the insurance carrier's payment reduction reason supported?
2. Is the requestor entitled to additional reimbursement for 97750-FC rendered on February 8, 2023?

Findings

1. The requestor billed \$761.16 for 12 units of a functional capacity evaluation (FCE) rendered on February 8, 2023, using CPT code 97750-FC. The insurance carrier initially denied payment, then upon reconsideration request, the carrier recommended reimbursement in the amount of \$576.13.

The reimbursement was reduced below the charged amount based on reason code 163, defined above.

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."

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.

28 TAC §§134.203 (a)(7) and 134.210 (a) states that specific provisions contained in the Texas Labor Code or division rules shall take precedence over any conflicting provision adopted or utilized by CMS in administering the Medicare program. However, no such conflict regarding billing or reimbursement was found that applies to a division-specific functional capacity evaluation. Therefore, Medicare reimbursement rules are applied to the examination in question.

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 an "always therapy" code in the Therapy Code List and Dispositions found in the [Annual Therapy Update | CMS](#). Therefore, the MPPR applies to the reimbursement of this code.

DWC finds that the insurance carrier's reimbursement reduction reason is supported.

2. On the disputed date of service, the requestor billed CPT code 97750-FC X 12 units and seeks additional reimbursement in the amount of \$185.03.

As described above, the MPPR rule applies to the disputed service.

The MPPR Rate File that contains the payments for 2023 services is found at 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 February 8, 2023.
- The disputed service was rendered in zip code 78550, 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, DWC finds the MAR for the first unit is \$63.53 and \$46.60 for each subsequent unit.
- Using the formula above, DWC finds that the MAR for 12 units of 97750-FC in locality 99 in 2023 = \$576.17.
- The respondent paid a total amount of \$576.13.
- 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

Signature

Medical Fee Dispute Resolution Officer

February 16, 2024
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.