Medical Fee Dispute Resolution Findings and Decision
General Information

Requestor Name
REECE HAYDEN, DC

Respondent Name
OLD REPUBLIC INSURANCE CO

MFDR Tracking Number
M4-24-1303-01

Carrier's Austin Representative
Box Number 44

DWC Date Received
February 14, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 21, 2023	CPT Code 97750-FC (16) Functional Capacity Evaluation (FCE)	$270.05	$0.00
	Total	$270.05	$0.00

Requestor's Position

"NOTE: THIS CLAIM WAS INCORRECLTY REDUCED. PLEASE REVIEW THE ATTACHED INFORMATION. IF PAYMENT NOT RECEIVED WITHIN 30 DAYS OF CARRIER RECEIPT OF THIS REQUEST – MDR AND COMPLAINT WILL BE FILED."

Amount in Dispute: $270.05

Respondent's Position

The insurance carrier did not respond to the DWC060 request.

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.

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

- 193 – Original decision is being maintained. Upon review it was determined that this claim was processed properly

- 2005 – No additional reimbursement allowed after review of appeal/reconsideration

- 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.

Issues

1. Did the respondent respond to the DWC-60 request submitted?
2. Is REECE HAYDEN DC entitled to additional reimbursement?

Findings

1. The Austin carrier representative for Old Republic Insurance is White Espey PLLC. White Espey PLLC was notified of this medical fee dispute on February 21, 2023. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

2. REECE HAYDEN, DC is seeking additional reimbursement for a functional capacity evaluation performed on August 21, 2023. The examination is identified as a division-specific service with billing code 97750-FC.

    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) state 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-FC is classified as "always therapy" in the 2023 Therapy Code List and Dispositions found in the [Annual Therapy Update | CMS]() and has a value of "5" on the MFSD. Therefore, the MPPR applies to the reimbursement of this code.

On the disputed date of service, the requestor billed CPT code 97750-FC x 16 units.

As described above, the multiple procedure discounting rule applies to the disputed service.

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

To determine the 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 August 21, 2023.
- The disputed service was rendered in zip code 77042, locality is 4412 18.
- The Medicare participating amount for CPT code 97750-FC at this locality is $34.93 for the first unit, and $25.46 for the subsequent 15 units.
- The 2023 DWC Conversion Factor is 64.83.
- The 2023 Medicare Conversion Factor is 33.8872.
- The MAR amount for CPT code 97750-FC at this locality is $66.82 for the first unit, and $730.62 for the subsequent 15 units.
- Using the above formula, the DWC finds the total MAR is $797.44.
- The respondent paid $797.47.
- No additional reimbursement is recommended.

The division finds that the requestor has not established that 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.

The division finds that no 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

██   April 12, 2024

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, 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.