



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

CAROL J MILLER, DC

Respondent Name

LIBERTY INSURANCE CORP

MFDR Tracking Number

M4-24-2218-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

June 7, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 9, 2024	Code 97750-FC (7 units)	\$458.08	\$0.00
Total		\$458.08	\$0.00

Requestor's Position

"Medical Evaluators of Texas ASO, LLC (aka MET Healthcare Solutions) has received notification that the medical claim for payment on the above referenced injured worker has been denied, reduced or modified by the insurance carrier for the following reason: 5878 – THIS IS NOT AN ACCEPTED WORKERS' COMPENSATION CLAIM. (5879) ... The total amount that is currently due on this outstanding bill is \$458.08."

Amount in Dispute: \$458.08

Respondent's Position

" The bill has been reviewed and adjusted for payment – copies are submitted for your review. Reimbursement was issued according to the guidelines provided by the Texas Medical Fee Schedule. The provider billed 97750 with 7 units. The first unit for 97750 was paid at \$69.69 and each additional unit was reimbursed with the multiple payment reduction applied in the amount of \$50.57 per unit. Total payment issued \$373.11 is appropriate.

Response Submitted by: Liberty Mutual Insurance

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 §134.225 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:

- 5878 – This is not an accepted Workers' Compensation claim
- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules
- 876 – Fee schedule amount is equal to the charge
- Z907 – Non-printable message to bypass customer fees for bills with only an interest service line

Issues

1. Did the insurance carrier issue payment after the submission of the MFDR request?
2. Is the Requestor entitled to additional reimbursement for CPT code 97750-FC?

Findings

1. The requester seeks reimbursement in the amount of \$458.08 for CPT code 97750-FC x 7 units, rendered on February 9, 2024. A review of the submitted documentation finds the insurance carrier made a payment on June 21, 2024, in the amount of \$373.11, and interest in the amount of \$3.76, after the submission of the medical fee dispute. The DWC will determine if the requestor is entitled to additional reimbursement for the disputed service.
2. 28 TAC §§134.225 and 134.203 applies to the reimbursement of CPT 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."

28 TAC §134.203 (b)(1) states that 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 97750-FC is classified as "always therapy" in the 2024 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 97550-FC x 7 units.

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

The MPPR Rate File that contains the payments for 2024 services is found at <https://www.cms.gov/Medicare/Billing/TherapyServices/index.html>

To determine the MAR the following formula is used:

$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$.

- MPPR rates are published by carrier and locality.
- Disputed service was rendered in zip code 75247, locality 11, Dallas Texas
- The disputed date of service is February 9, 2024.
- The Medicare participating amount for CPT code 97750 in 2024 at this locality is \$33.65 for the first unit, and \$24.42 for the 6 subsequent units.
- The 2024 DWC Conversion Factor is 67.81.
- The 2022 Medicare Conversion Factor is 32.7442
- Using the above formula, the DWC finds the MAR is \$373.12.
- The respondent paid \$373.11.
- Additional reimbursement of \$0.00 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 the requester is not entitled to additional reimbursement for the service in dispute.

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

June 26, 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, 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.