



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jamon William Clayton, DC

Respondent Name

Texas Council Risk Management Fund

MFDR Tracking Number

M4-25-0898-01

Carrier's Austin Representative Box

Number 47

DWC Date Received

December 18, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 13, 2024	97750 FC	\$775.00	\$508.89

Requestor's Position

"This functional capacity exam was referred to me by the designated doctor Andre Hwang, DC. This exam was ordered to determine the correct work status of the claimant and under the following TDI rule, the exam can be performed without an need preauthorization..."

Amount in Dispute: \$775.00

Respondent's Position

The Austin carrier representative for Texas Council Risk Management Fund is Burns Anderson Jury & Brenner LP. The representative was notified of this medical fee dispute on December 24, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 133.210](#) sets out the policy for medication documentation
3. [28 TAC §134.203](#) sets out the medical fee guidelines..
4. 28 TAC 134.225 sets out the medical fee guidelines for functional capacity evaluations.

Denial Reasons

Neither party submitted an explanation of benefits related to the disputed service.

Issues

1. Does the information available to the Division support the claim was submitted?
2. What rule(s) is applicable to reimbursement?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor is seeking reimbursement for functional capacity evaluation (code 97750-FC) for 10 units. The information submitted indicates this claim was submitted to Sedgwick. Review of the report of Commissioners order for the designated doctor exam indicates the workers' compensation carrier is Sedgwick. DWC Rule 133.210 (e) states "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other. The greater weight of evidence known to the division supports the claim was submitted to Sedgwick. The disputed medical bill will be reviewed by the applicable fee guideline shown below.
2. DWC Rule 134.203 is the applicable rule related to Code 97750 – (Functional capacity evaluation TAC Rule 134.203 (b) (1) states in pertinent parts for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

The Medicare multiple procedure payment reduction (MPPR) applies to the Practice Expense (PE) of certain time-based physical therapy codes when more than one unit or procedure is provided to the same patient on the same day.

The MPPR policy allows for full payment for the unit or procedure with the highest Practice Expense (PE) payment factor and for subsequent units the Practice Expense (PE) payment factor is reduced by 50 percent.

Review of the medical bill indicates 10 units were submitted for Code 97750. The first unit is paid 100% of the Physician Fee Schedule for Rest of Texas in the amount of \$32.91. The remaining nine units will be paid at the reduced amount of \$24.10 each.

The MAR is calculated per TAC Rule 134.203 (c)(1) which states in pertinent part, for service categories of Evaluation & Management, General Medicine, Physical Medicine when performed in an office setting, the conversion factor for the date of service in dispute is used or DWC Conversion Factor/Medicare Conversion Factor multiplied by physician fee schedule allowable or

- $67.81/33.2875 \times \$32.91 = \67.04
- $67.81/33.2875 \times 24.10 \times 9 = \441.85
- Total allowable = \$508.89

3. The total MAR for the disputed service is \$508.89. The insurance company did not support payment of any amount. The MAR of \$508.89 is 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 established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Texas Council Risk Management Fund must remit to Jamon William Clayton, DC \$508.89 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature _____ Medical Fee Dispute Resolution Officer _____ Date March 28, 2025

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.