



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Marcus Paul Hayes

Respondent Name

Berkshire Hathaway Direct Insurance Co

MFDR Tracking Number

M4-25-1628-01

Carrier's Austin Representative

Box Number 6

DWC Date Received

March 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 9, 2025	97750-FC	\$750.00	\$550.76
Total		\$750.00	\$550.76

Requestor's Position

"No payment nor original EOB has been received explaining why the initial claim was denied."

Amount in Dispute: \$750.00

Respondent's Position

"Upon review, Berkshire believes that the bill was correctly audited and that no further payment is due."

Response submitted by: Stone Loughlin Swanson

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.225](#) sets out the billing and reimbursement guidelines for FCEs
3. [28 TAC §134.203](#) sets out the fee guideline for FCEs.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 93 – No claim level adjustments
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- 247 – A payment or denial has already been recommended for this service
- B13 -1/90202 – Previously paid. Payment for this claim/service may have been provided in a previous payment
- 00663 – Reimbursement has been calculated based on the state guidelines

Issues

1. Did the insurance carrier support duplicate denial?
2. What rule(s) is applicable to reimbursement?

Findings

1. The requestor is seeking reimbursement for Code 97750-FC. The insurance carrier's denials stated services previously paid however, the only documentation submitted included denials as duplicate claim/previously processed. The respondent did not submit additional information to support the service was adjudicated per the applicable DWC rules and fee guideline or DWC Rule 28 TAC §134.225 which states in pertinent part, "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." As the duplicate denial is not supported the disputed service will be reviewed per the applicable fee guideline.
2. DWC Rule 28 TAC 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...

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 CMS Physician Fee Schedule for Houston, Texas in the amount of \$33.71. The second through tenth units will be paid at the reduced amount of \$24.46.

The MAR is calculated per TAC Rule 134.203 (c)(1) which states in pertinent part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83...

- $DWC \text{ Conversion Factor} / Medicare \text{ Conversion Factor} \times CMS \text{ PFS allowable for location}$
or $70.18 / 32.3465 \times \$33.71 = \73.14
- $70.18 / 32.3465 \times 24.46 \times 9 = \477.62
- Total allowable = \$550.76

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 additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Berkshire Hathaway Direct Insurance Co must remit to Paul Marcus Hayes \$550.76 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

April 24, 2025

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.