TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name
Amanda McInis, DC

Respondent Name
Property & Casualty Ins Co of Hartford

MFDR Tracking Number
M4-25-2464-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
June 4, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 16, 2024	97750-FC (8 units)	$133.20	$0.00
July 16, 2024	99080-73	$15.00	$0.00
	Total	**$148.20**	**$0.00**

Requester's Position

"The FCE examination performed at the request of the injured worker's treating doctor to establish RTW. Bill was submitted by carrier with partial payment towards the FCE and no payment for the DWC-73 work status report. A reconsideration of payment was requested and the carrier denied the reconsideration of payment request based on the same reason as initial denial."

Amount in Dispute: $148.20

Respondent's Position

"The original bill for dos 7/16/24 was rec'd on 8/9/24 under control number … and paid $426.64 as procedure exceeds the unit values and/or the multiple procedure rules with a partial denial as included/bundled."

Response Submitted by: The Hartford

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.
4. 28 TAC §129.5 sets out the fee guidelines for the DWC73 Work Status Reports.

Denial Reasons

The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:

- 119 - Benefit maximum for this time period or occurrence has been reached.
- 163 -The charge for this procedure exceeds the unit value and/or the multiple procedure rules.
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- 4151 - An allowance was not paid for the work status report. Reimbursement to RME doctors and designated doctors for the report is included in the reimbursement for the examination.
- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 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, not additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. Are the Insurance Carrier's reduction reasons supported for CPT code 97750-FC?
2. Is the Requester entitled to additional reimbursement for CPT code 97750-FC?
3. Is the Requester entitled to reimbursement for Work Status Report 99080-73?

Findings

1. The insurance carrier reduced the disputed service, 97750-FC, with reduction reasons indicated above. On the disputed date of service, the requester billed CPT code 97750-FC X 8 units.

   CPT Code 97750-FC is defined as a functional capacity evaluation.

   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.
   >
   > To determine which services will receive the MPPR, contractors shall rank services according to the applicable PE relative value units (RVU) and price the service with the highest PE RVU at 100% and apply the appropriate MPPR to the remaining services. When the highest PE RVU applies to more than one of the identified services, contractors shall additionally sort and rank these services according to the highest total fee schedule amount, and price the service with the highest total fee schedule amount at 100% and apply the appropriate MPPR to the remaining services.

   The DWC finds that the multiple procedure rule discounting applies to the disputed service and therefore, Insurance Carrier's reimbursement reduction reason is supported.

2. The requester is seeking additional reimbursement of $133.20 for 8 units of CPT code 97750-FC rendered on July 16, 2024.

   28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) 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 applicable fee guideline for FCEs is found at 28 TAC §134.225, which states, "The following applies to functional capacity evaluations (FCEs). A maximum of three FCEs for each compensable injury shall be billed and reimbursed. FCEs ordered by the division shall not count toward the three FCEs allowed for each compensable injury. FCEs shall be billed using CPT code 97750 with modifier "FC." FCEs shall be reimbursed in accordance with §134.203(c) of this title. Reimbursement shall be for up to a maximum of four hours for the initial test or for a division ordered test; a maximum of two hours for an interim test; and a maximum of three hours for

the discharge test unless it is the initial test. Documentation is required. "

28 TAC §134.203 states in pertinent part, "(c) To determine the Maximum Allowable Reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) 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. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

On the disputed date of service, the requester billed CPT code 97750-FC X 8 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:

(DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

- MPPR rates are published by carrier and locality.
- Disputed service was rendered in zip code 77022, locality 18, Houston.
- The disputed date of service is July 16, 2024.
- The Medicare participating amount for CPT code 97750 in 2024 at this locality is $34.36 for the first unit, and $25.01 for subsequent units.
- The 2024 DWC Conversion Factor is 67.81
- The 2024B Medicare Conversion Factor is 33.2875
- Using the above formula, the DWC finds the MAR is $69.69 for the first unit and $50.95 for each additional 7 units.
- The total MAR is $426.63.
- The respondent paid $426.64.

The division finds that the requester has not established that additional reimbursement is due.

3. The requester seeks reimbursement for a work status report, billed under CPT code 99080-73 and rendered on July 16, 2024. The insurance carrier denied the work status report with denial reason code "4151 - An allowance was not paid for the work status report. Reimbursement to RME doctors and designated doctors for the report is included in the reimbursement for the examination".

   28 TAC §129.5 (k) states "As provided in §126.6(g) of this title (relating to Order for Required Medical Examinations), a doctor who conducts a required medical examination in which the doctor determines that the injured employee can return to work immediately with or without restrictions shall file the Work Status Report required by this section, but shall do so in

accordance with the requirements of §126.6(g)."

28 TAC §126.6 (g) states "An RME doctor who, subsequent to a designated doctor's examination, determines that the employee can return to work immediately with or without restrictions is required to file a Work Status Report, as described in §129.5 of this title (relating to Work Status Reports) within seven days of the date of the examination of the employee. This report shall be filed with the treating doctor and the carrier by facsimile or electronic transmission. In addition, the RME doctor shall file the report with the employee and the employee's representative (if any) by facsimile or by electronic transmission if the RME doctor has been provided with a facsimile number or email address for the recipient, otherwise, the RME doctor shall send the report by other verifiable means."

28 TAC §180.22 (e) states "(e) The referral doctor is a doctor who examines and treats an injured employee in response to a request from the treating doctor. The referral doctor shall: (1) supplement the treating doctor's care; (2) timely report the injured employee's status to the treating doctor and the insurance carrier as required by applicable division rules; and (3) not make referrals without the approval of the treating doctor and when such approval is obtained, ensure that the health care provider to whom the referral doctor is making an approved referral knows the identity and contact information of the treating doctor."

Because the insurance carrier's denial reason for the disputed service is supported, the division finds that the requester is not entitled to reimbursement in the amount of $15.00, for Work Status Report 99080-73 rendered on July 16, 2024.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 service in dispute.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to $0.00 additional reimbursement for the disputed service.

Authorized Signature

		July 1, 2025
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 electronico CompConnection@tdi.texas.gov.