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

General Information

Requester Name
Sabrena Simmons DC

Respondent Name
Mitsui Sumitomo Insurance Co

MFDR Tracking Number
M4-25-3145-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
July 30, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 24, 2024	97750 FC	$1170.40	$816.08

Requester's Position

"The carrier has not responded to a Request for Reconsideration after multiple attempts to contact them. ...Specific Reason/Response: No EOB or payment received from the original bill or the reconsideration."

Amount in Dispute: $1,170.40

Respondent's Position

The Austin carrier representative for Mitsui Sumitomo Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on August 1, 2025.

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.240 sets out the procedures for medical bill processing by insurance carriers.
3. 28 TAC §133.250 sets out the procedures for reconsideration of medical bills.
4. 28 TAC §134.225 sets out the reimbursement guidelines for functional capacity evaluations.
5. 28 TAC §134.203 sets out the reimbursement guidelines for professional medical services

Denial Reasons

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

- Neither party submitted an explanation of benefits with this request for MFDR.

Issues

1. Has the insurance carrier taken final action on the disputed medical bills in accordance with 28 TAC §133.240?
2. What rule is applicable to disputed service?
3. Is the requester due payment for the disputed service?

Findings

1. The requester is seeking reimbursement of a Functional Capacity Evaluation referred by the designated doctor for date of service October 24, 2024. No response was submitted by the insurance carrier at the time of the original billing, reconsideration or MFDR.

   DWC Rule 28 TAC §133.240, sets out the procedures for medical bill processing by insurance carriers, states in pertinent part,

   > (a) An insurance carrier shall take final action after conducting bill review on a complete medical bill or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation."

DWC Rule 28 TAC §133.250 (c)(g) sets out procedures for reconsideration of medical bills states in pertinent parts,

(c) A health care provider shall not submit a request for reconsideration until:

(1) the insurance carrier has taken final action on a medical bill; or (2) the health care provider has not received an explanation of benefits within 50 days from submitting the medical bill to the insurance carrier …

(g) The insurance carrier shall take final action on a reconsideration request within 30 days of receiving the request for reconsideration. The insurance carrier shall provide an explanation of benefits:

(1) in accordance with §133.240(e) - (f) of this title (relating to Medical Payments and Denial) for all items included in a reconsideration request in the form and format prescribed by the division when there is a change in the original, final action; or
(2) in accordance with §133.240(e)(1) and §133.240(f) of this title when there is no change in the original, final action.

DWC finds no evidence that the insurance carrier has taken any action on the disputed original medical bill, nor on the reconsideration request as of the date of this review.

DWC finds that the insurance carrier has not taken final action on the disputed medical bills for services rendered on October 24, 2024, in accordance with 28 TAC §133.240. The service in dispute will be reviewed per applicable fee guideline.

2. DWC Rule §134.225 that states in pertinent parts, 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) of this title…

   DWC Rule 28 TAC §134.203(c)(1)(2) which states in pertinent part,) To determine the Maximum Allowable Reimbursement (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… 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 requestor billed CPT code 97750-FC x 16 units. Also applicable to the disputed service is 28 TAC §134.203(b)(1) which 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… and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

The Medicare Claims Processing Manual Chapter 5, 10.3.7 titled Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services, states:

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 (see section 20), excluding A/B MAC (B)-priced, bundled and add-on codes, regardless of the type of provider or supplier that furnishes the services.

Medicare applies an MPPR to the PE payment when more than one unit or procedure is provided to the same patient on the same day, i.e., the MPPR applies to multiple units as well as multiple procedures. Many therapy services are time-based codes, i.e., multiple units may be billed for a single procedure. The MPPR applies to all therapy services furnished to a patient on the same day, regardless of whether the services are provided in one therapy discipline or multiple disciplines, for example, physical therapy, occupational therapy, or speech-language pathology.

The multiple procedure payment reduction rule applies to the disputed service.

The 2024 MPPR rates are found at www.cms.gov/Medicare/Billing/TherapyServices/index.html.

To determine the MAR the following formula is used:

(DWC Conversion Factor/Medicare Conversion Factor) X CMS MPPR allowable for the location where services were rendered = MAR.

- MPPR rates are published by carrier and locality.
- Disputed service was rendered in zip code 77042, locality 04412 18, Houston.
- The disputed date of service is October 24, 2024.
- The Medicare allowable amount for CPT code 97750 in 2024 at this locality is $33.71 for the first unit, and $24.46 for each subsequent unit.
- The 2024 DWC Conversion Factor is 67.81
- The 2024 Medicare Conversion Factor is 33.2875
- Using the above formula, DWC finds the MAR is 67.81/33.2875 x $33.71 = $68.67 for the first unit and 67.81/33.2875 x $24.46 x 15 = $747.41 for second through 16th unit.
- The total MAR is $68.67 + $747.41 = $816.08

3. Review of the submitted documentation found the requester submitted a medical bill to the workers' compensation carrier but did not receive a response to the original bill, the reconsideration request or to this MFDR request. The Division finds the requester is due the Maximum Allowed Reimbursement (MAR) for the FCE rendered on October 24, 2024 in the amount of $816.08.

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.

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 requester is entitled to additional reimbursement for the disputed services. It is ordered that Mitsui Sumitomo Insurance Co must remit to Sabrena Simmons DC $816.08 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		October 23, 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.