



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Troy Robinson, D.C.

Respondent Name

AIU Insurance Co.

MFDR Tracking Number

M4-25-3226-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 8, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 7, 2025	97750-FC	\$1,116.64	\$0.00

Requester's Position

"CARRIER HAS NOT RESPONDED TO BILL OR RECONSIDERATION."

Amount in Dispute: \$1,116.64

Respondent's Supplemental Position

"The bill(s) in question was/were escalated and a review completed. Our bill audit company has determined that additional monies are owed in the amount of \$863.03. Attached are an updated copy of the Explanation of Benefits and payment summaries for your records."

Response submitted by: Gallagher Bassett

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 Guidelines for professional medical services.
3. [28 TAC §134.225](#) sets out the Fee Guidelines for Functional Capacity Evaluations.
4. [28 TAC §134.210](#) sets out the Medical Fee Guideline for Workers' Compensation Specific Services.

Adjustment Reasons

Per submitted explanation of benefits (EOB) dated September 3, 2025, the insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- XXG15 - PRICING IS CALCULATED BASED ON THE MEDICAL PROFESSIONAL FEE SCHEDULE VALUE.
- XXJ16 - THIS PROCEDURE CODE WAS RANKED AS THE PRIMARY SERVICE WHEN CONSIDERED FOR MULTIPLE PROCEDURE REDUCTION. AS A RESULT NO REDUCTION WAS TAKEN.

Issues

1. Have the disputed services received payment as of the date of this medical fee dispute resolution (MFDR) review?
2. Is the insurance carrier's reimbursement reduction reason supported?
3. Is the requester entitled to additional reimbursement for the disputed service of a functional capacity evaluation rendered on June 11, 2024?

Findings

1. This dispute for non-payment of a functional capacity evaluation (FCE) service was received by DWC on August 8, 2025.

In a supplemental response from Gallagher Bassett dated September 5, 2025, an EOB dated September 3, 2025, was submitted to DWC showing payment by check dated September 3, 2025, in the amount of \$863.03 for the services in dispute.

DWC finds that as of the date of this review, the service in dispute has received payment in the amount of \$863.03.

2. The service in dispute involves a functional capacity evaluation referred to the requester by a designated doctor and performed on February 7, 2025. The functional capacity examination is identified as a division-specific service with billing code 97750-FC.

A review of the explanation of benefits (EOB) documents submitted finds that the insurance carrier reduced payment for the disputed service based on multiple procedure payment reduction (MPPR) rules.

DWC finds that 28 TAC §134.225 applies to the service in dispute and states in pertinent part, "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."

Per 28 TAC §134.203 (b)(1), 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 code 97750 is classified as "always therapy" in the 2023 Therapy Code List and Dispositions found in the [Annual Therapy Update | CMS](#). Therefore, the MPPR applies to the reimbursement of this code.

On the disputed date of service, the requester billed CPT code 97750-FC X 16 units. DWC finds that the multiple procedure discounting rule (MPPR) applies to the service in dispute. As a result, the insurance carrier's reimbursement reduction reason is supported.

3. The requester is seeking reimbursement in the amount of \$1,116.64 for a functional capacity evaluation billed under CPT code 97750-FC x 16 units, performed on February 7, 2025.

As described above, DWC finds that the multiple procedure discounting rule (MPPR) applies to the disputed service.

The MPPR Rate File that contains the payments for 2025 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.
- The disputed date of service is February 7, 2025.
- The disputed service was rendered in zip code 75247, locality 11.
- The Medicare participating amount for CPT code 97750 at this locality in 2025 is \$33.57 for the first unit, and \$24.28 for the subsequent units.
- The 2025 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465
- Using the above formula, DWC finds the MAR is \$863.01 for CPT code 97750-FC x 16 units rendered on February 7, 2025.
- The respondent paid \$863.03.
- Additional reimbursement is not recommended.

DWC finds that the requester is not entitled to additional reimbursement for CPT code 97750-FC x 16 units rendered on February 7, 2025.

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 not 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 in the amount of \$0.00 for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 6, 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.