



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Sabrena Simmons DC

**Respondent Name**

American Zurich Insurance Co

**MFDR Tracking Number**

M4-26-0025-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

September 3, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 12, 2024	97750-FC	\$1121.28	\$0.00

### Requestor's Position

"The carrier has not responded to a Request for Reconsideration after multiple attempts to contact them."

**Supplemental response October 8, 2025**

"This bill has been partially paid. Can you please assign this for decision."

**Amount in Dispute:** \$301.21

### Respondent's Position

"The provider file a DWC-60 seeking medical fee dispute resolution for a date of service of 9-12-24. The provider billed \$1121.28 for a functional capacity evaluation in which 16 units were identified on the CMS-1500. ...The most recent EOB, which is dated 9-13-25, recommended payment of \$834.24. A check was issued in that amount on 9-17-25. Interest is also being paid."

**Supplemental response**

"Attached is n EOB dated 09/18/2025, recommending payment of interest in the amount of \$50.03."

**Response submitted by:** Flahive, Ogden & Latson

## 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.

### Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.

### Issues

1. What rules are applicable to reimbursement?
2. Is the requester entitled to payment of disputed services?

### Findings

1. The requester is seeking additional reimbursement of an FCE for date of service September 12, 2024. The insurance carrier reduced the payment amount based on the fee schedule.

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 MPPR Rate file that contains the payments for 2024 services are found at [www.cms.gov/Medicare/Billing/TherapyServices/index.html](http://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.
- Disputed service was rendered in zip code 77042, locality 04412 18, Houston.
- The disputed date of service is September 12, 2024.
- The Medicare allowed amount for CPT code 77042 in 2024 at this locality is \$33.79 for the first unit, and \$24.60 for each subsequent unit.
- The 2024 DWC Conversion Factor is 67.81
- The 2024 Medicare Conversion Factor is 33.2875
- The MAR calculation for first unit  $67.81/33.2875 \times \$33.79 = \$68.83$
- The MAR calculation for subsequent fifteen units  $67.81/33.2875 \times \$24.60 \times 15 = \$751.69$

- Using the above formula, DWC finds the MAR is \$820.52.
2. Review of information applicable to the disputed services and DWC rules the Maximum Allowable Rate (MAR) is \$820.52. The insurance carrier supports payment in the amount of \$834.24 on September 13, 2025. No additional payment 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 not established that additional reimbursement is due.

**Order**

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

**Authorized Signature**

		November 26, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).