



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Troy Robinson DC

Respondent Name

City of San Antonio

MFDR Tracking Number

M4-26-0063-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 8, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 23, 2025	97750-FC	\$1170.40	\$837.11

Requester's Position

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

Amount in Dispute: \$1170.40

Respondent's Position

The Austin carrier representative for City of San Antonio is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on September 8, 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 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.240](#) sets out the requirements for medical payments and denials.
3. [28 TAC 133.250](#) sets our requirements of reconsideration of payment of medical bills.
4. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.
5. [28 TAC §134.225](#) sets the reimbursement guidelines for FCEs.

Denial Reasons

Neither party submitted an explanation of benefits in support of adjudication of the disputed services.

Issues

1. Did the insurance carrier support timely adjudication of the original claim and reconsideration?
2. What rules are applicable to reimbursement?
3. Is the requester entitled to payment for the disputed services?

Findings

1. Troy Robinson DC is seeking reimbursement for 97750-FC rendered on March 23, 2025. The requester argued that it had not received payment or an explanation of denial for medical bills submitted for the examination in question.

DWC Rule §133.240 (a) states, 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.

The greater weight of evidence presented to the DWC supports that a complete bill for the services in question was submitted to the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

DWC Rule §133.250 (c)(2) states, A health care provider shall not submit a request for reconsideration until:

- (2) the health care provider has not received an explanation of benefits within 50 days from submitting the medical bill to the insurance carrier.

The information submitted with this request for MFDR supports the claim was faxed to the insurance carrier March 30, 2025. The date of the request for reconsideration indicates July 27, 2025.

DWC Rule §133.250 (g)(1)(2) states, 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.

Review of the information available at the time of this review found the insurance carrier did not take final action on the medical bill or reconsideration within Division guidelines. The services in dispute will be reviewed per applicable fee guidelines.

2. The requester is seeking reimbursement of an FCE for date of service March 23, 2025.

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) 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 2025 services are found at 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 78228, locality 04412 99, San Antonio.
 - The disputed date of service is March 23, 2025.
 - The Medicare allowed amount for CPT code 97750 in 2025 at this locality is \$32.28 for the first unit, and \$23.57 for each subsequent unit.
 - The 2025 DWC Conversion Factor is 70.18
 - The 2025 Medicare Conversion Factor is 32.3465
 - The MAR calculation for first unit $70.18 / 32.3465 \times \$32.28 = \70.04
 - The MAR calculation for subsequent fifteen units $70.18 / 32.3465 \times 23.57 = \$51.14 \times 15 = \$767.07$
 - Using the above formula, DWC finds the MAR is $\$70.04 + \$767.07 = \$837.11$
3. Review of information applicable to the disputed services and DWC rules the Maximum Allowable Rate (MAR) is \$837.11. This amount is recommended.

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 reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that City of San Antonio must remit to Troy Robinson DC \$837.11 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

Authorized Signature

_____	_____	December 10, 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 electrónico CompConnection@tdi.texas.gov.