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

General Information

Requester Name

Javier Hernandez, DC

Respondent Name

Praetorian Insurance Co

MFDR Tracking Number

M4-26-0621-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

November 3, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 25, 2024	97750	$198.65	$0.00
	Total	$198.65	$0.00

Requester's Position

"97750 FC FCE rate is $67.14 x 12 = $805.68 incorrectly reduced to $607.03. DDE required testing is a medical assessment and not physical therapy. Multiple procedure rules do not apply."

Amount In Dispute: $198.65

Respondent's Position

The Austin carrier representative for Praetorian Insurance Co is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on November 4, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then 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 Section 413.031 and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section 133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section 134.203 sets out the fee guidelines for professional medical services.
3. 28 TAC Section 133.250 sets out the rules for Reconsideration for Payment of Medical Bills.
4. 28 TAC Section 134.225 sets out the fee guidelines for functional capacity evaluations.

Adjustment Reasons

The insurance carrier reduced payment for the disputed services with the following reasons:

1. P12 – Workers' compensation jurisdictional fee schedule adjustment.
2. 59 – Processed based on multiple or concurrent procedure rules.
3. 29 – The time limit for filing has expired.
4. Note-0001 – No further payment warranted. The appeal is filed outside the timeframe allowed to submit.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support timely medical bill submission?
3. Is the insurance carrier's reduction based on multiple or concurrent procedure rules supported?
4. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeks additional reimbursement in the amount of $198.65 for a functional capacity evaluation (FCE) rendered on November 25, 2024. The insurance carrier reduced reimbursement using reduction code 59 (description indicated above). Upon reconsideration, the insurance carrier denied additional payment citing noncompliance with timely filing requirements.

2. A review of the documentation finds that the requester submitted a bill to insurance carrier on December 12, 2024. The insurance carrier provided an explanation of review on January 2, 2025. A reconsideration request was submitted by the requester on July 9, 2025 and the insurance carrier completed the review on August 25, 2025.
   28 TAC 133.250(b) states, "The health care provider shall submit the request for reconsideration no later than 10 months from the date of service."

   The insurance carrier submitted the reconsideration on July 9, 2025 which is seven months from the date of service. The insurance carriers denial for timely filing is not supported.

3. The insurance carrier reduced charges with reduction code "59 – Processed based on the multiple or concurrent procedure rules."

   28 TAC Section 134.203(b)(1) states: For the coding, billing, reporting, and reimbursement of professional medical services within the Texas workers' compensation system, participants must adhere to the following requirements: Medicare payment policies shall apply, including coding guidelines, billing procedures, Correct Coding Initiative (CCI) edits, modifiers, bonus payments for Health Professional Shortage Areas (HPSAs) and Physician Scarcity Areas (PSAs), as well as any other payment policies effective on the date the service is rendered, subject to any additions or exceptions specified in the rules.

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

   On the disputed date of service, the requester billed CPT code 97750-FC X 12 units.

   The multiple procedure rule discounting applies to the disputed service.

   Medicare Claims Processing Manuel Chapter 5, 10.7-effective June 6, 2016, titled Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services, states in pertinent part:

   > Full payment is made for the unit or procedure with the highest PE payment….
   >
   > For the 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 schedule fee amount, and price the service with the highest total fee

schedule amount at 100% and apply the appropriate MPPR to the remaining services.

DWC finds that the carrier's MPPR -based payment reduction applies to the disputed service.

4. The requester billed $805.68 for 12 units of CPT code 97750-FC rendered on November 25, 2024. The insurance carrier issued a payment of $607.03 on January 2, 2025.

   The applicable fee guideline for FCEs is found at 28 TAC Section 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)(1) 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 Section 134.203 states in pertinent part, "(c) To determine the 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 12 units.

   As described in Finding #3 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 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.

   - The disputed date of service is November 25, 2024.
   - MPPR rates are published by carrier and locality.
   - Disputed service was rendered in zip code 79925, locality 99, Rest of Texas.
   - The Medicare participating amount for CPT code 97750 in 2024 at this locality is $32.91 for the first unit, and $24.10 for each subsequent unit.
   - The 2024B DWC Conversion Factor is 67.81

- The 2024B Medicare Conversion Factor is 33.2875
- Using the above formula, DWC finds the MAR is $67.04 for the first unit, and $49.09 for each of the subsequent 11 units for a total of $539.99 for a MAR amount of $607.03.
- The respondent paid $607.03.
- No additional reimbursement is recommended.

DWC finds that no additional reimbursement is due

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented 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 Sections 413.031 and 413.019, DWC has determined the requester is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	January 30, 2026 Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section 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 800-252-7031, option three 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section 141.1(d).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electronico CompConnection@tdi.texas.gov.