



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Troy Robinson DC

**Respondent Name**

LM Insurance Corp

**MFDR Tracking Number**

M4-26-0625-01

**Carrier's Austin Representative**

Box Number 60

**DWC Date Received**

November 3, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 5, 2025	97750-FC	\$728.81	\$421.42

### Requester's Position

"The insurance carrier has not properly paid this claim in accordance with DWC Rules governing the specific services billed."

**Amount in Dispute:** \$728.81

### Respondent's Position

"We have again reviewed payment for the services of August 5, 2025, and determined that reimbursement was issued according to the guidelines provided by the Texas Medical Fee Schedule. The provider billed 97750 with 16 units. The first unit for 97750 was paid at \$72.83 and each additional unit was reimbursed with the multiple payment reduction applies in the amount of \$52.68 per unit. Total payment issued \$441.59 is appropriate. No additional payment is due".

**Response submitted by:** Liberty Mutual

### 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 reduced or denied the disputed service(s) with the following claim adjustment codes.

- 600 – Allowance based on maximum number of units allowed per fee schedule guidelines and/or service code description.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

## Issues

1. Is the Insurance Carrier's reimbursement reduction reason(s) supported?
2. What rule is applicable to reimbursement?
3. Is the Requester entitled to additional reimbursement for CPT code 97750-FC?

## Findings

1. The insurance carrier issued a payment and reduced the remaining charges with reduction code 163 (description indicated above). CPT Code 97750-FC, Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes.

The following Texas Administrative Code (TAC) Rules apply to the reimbursement of 97750-FC. DWC Rule 28 TAC §134.203(b)(1) 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; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); 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, 10.7, Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services, states in pertinent part:

*Medicare applies an MPPR to 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.*

*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.*

*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.*

DWC finds that the multiple procedure reduction rate applies.

The insurance carrier also reduced the payment amount based on maximum number of units allowed per fee schedule guideline. The applicable fee guideline for FCEs is found in DWC Rule 28 TAC §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) 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.

Based on the above and the description of code 97750, (15 minutes equals one unit) and per the submitted Functional Capacity Evaluation, the total test time was 4.0 hours or 16 units.

The information submitted by the respondent was insufficient to refute that the number of units billed by the requester exceeded the number of units allowed per DWC Rule 134.225 for an initial test.

Reimbursement (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...

(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 16 units.

As described in Finding #1 above, the multiple procedure discounting 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](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 75247, locality 04412 11, Dallas.
- The disputed date of service is August 5, 2025.
- The MPPR rate for CPT code 97750 in 2025 at this locality is \$33.57 for the first unit, and \$24.28 for each subsequent unit.
- The 2024 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465
- $70.18 / 32.3465 \times \$33.57 = \$72.83$
- $70.18 / 32.3465 \times \$24.28 \times 15 = \$790.18$
- The total MAR is \$863.01

3. DWC finds the respondent's statement that total payment issued is appropriate is not supported. The MAR is \$863.01. The carrier paid \$441.59. Additional payment of \$421.42 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 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 respondent must remit to requester \$421.42 plus applicable accrued interest within 30 days of receiving this order in

accordance with [28 TAC §134.130](#).

## Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
November 19, 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](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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).