



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Troy Robinson, D.C.

**Respondent Name**

Indemnity Insurance Co of North America

**MFDR Tracking Number**

M4-26-1352-01

**Insurance Carrier's Austin Representative**

BOX 15 Downs Stanford PC

**DWC Date Received**

January 15, 2026

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 27, 2025 [October 25, 2025]	97750-FC Designated Doctor Referral	\$347.38	\$0.00
<b>Total</b>		\$347.38	\$0.00

### Requester's Position

"Bill incorrectly reduced. 97750 FC rate is  $\$73.15 \times 16 = \$1170.40$  incorrectly reduced to  $\$863.03$ . MPR rules do not apply this is a medical assessment and not medical treatment."

**Amount In Dispute:** \$347.38

### Respondent's Position

"The Carrier has paid a total of  $\$823.02$  for the FCE per the fee guidelines. In conclusion, Requestor is not owed any additional reimbursement for the FCE as the proper amount was paid per the fee guidelines."

**Response Submitted By:** Downs & Stanford, P.C.

## 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 [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. 309 – The charge for this procedure exceeds the fee schedule allowance.
2. P12 – Workers' compensation jurisdictional fee schedule adjustment.
3. N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
4. 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
5. 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules.
6. 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
7. 119 – Benefit maximum for this time period or occurrence has been reached.
8. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
9. W3 – Bill is a reconsideration or appeal.
10. OA – Other adjustment.

### Issues

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

### Findings

1. The requester seeks additional reimbursement in the amount of \$347.38 for a functional capacity evaluation (97750-FC) referred to by a designated doctor. The date of service listed on the table of disputed services is October 27, 2025. However, upon review of the submitted documentation, including EOBs and CMS-1500, and the position summary, it

appears that the date of October 27, 2025, is a typographical error. The correct date of service is October 25, 2025, and this date will be considered in the current review. The insurance carrier issued payment in the amount of \$823.03 and reduced the remaining charges with reduction reason code 309 (description indicated above).

2. 28 TAC Section 134.203(b)(1) states: For 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 16 units.

The multiple procedure rule discounting applies to the disputed service.

Medicare Claims Processing Manual 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 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 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 services.

3. The requester billed \$1,170.40 for 16 units of CPT code 97750-FC rendered on October 25, 2025. The insurance carrier issued a payment in the amount of \$823.02 on November 12, 2025. The requester is seeking additional reimbursement in the amount of \$347.38.

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 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 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: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

- The disputed date of service is October 25, 2025.
- MPPR rates are published by carrier and locality.
- Disputed service was rendered in zip code 77707, locality 20, Beaumont.
- The Medicare participating amount for CPT code 97750 in 2025 at this locality is \$31.51 for the first unit, and \$23.19 for each subsequent unit.
- 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 \$68.37 for the first unit, and \$50.31 for each of the subsequent 15 units for a total MAR of \$823.02.
- The respondent paid \$823.02.
- 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**

_____	_____	February 3, 2026
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 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](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 800-252-7031, option three 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 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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).