TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Troy Orlando Robinson, D.C.

Respondent Name

City of Fort Worth

MFDR Tracking Number

M4-26-2167-01

Insurance Carrier's Austin Representative

BOX 4 Law Office Of Ricky D Green

DWC Date Received

April 3, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 1, 2025	97750-FC Functional Capacity Evaluation	$307.37	$0.00
	Total	$307.37	$0.00

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: $307.37

Respondent's Position

"The City of Fort Worth, by and through its third-party administrator, Sedgwick, has reviewed the MDR Request and stands by its original payment determination for this date of service. The allowance was issued based on the cascade discount."

Response Submitted By: The Law Office of Ricky D Green PLLC

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. 2005 – No additional reimbursement allowed after review of appeal/reconsideration
2. NO2N, P381 and P00C – Internal use only
3. 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly
4. W3 – Bill is a reconsideration or appeal
5. QA – Other adjustment
6. 1002 – Due to an error in processing the original bill we are recommending further payment be made for the above noted procedure
7. P12 – Workers' Compensation Jurisdictional fee schedule adjustment
8. N600 – Adjusted based on the applicable fee schedule for the region in which the services rendered

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 $307.37 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 1, 2025. The insurance carrier issued payment in the amount of $863.03 and reduced the remaining charges with denial reasons listed above (description indicated above). The division will determine if the insurance carrier issued payments in compliance with 28 TAC Section 134.225 and 28 TAC Section 134.203.

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:

   (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.

   CPT code 97750-FC represents a functional capacity evaluation (FCE).

   On the disputed date of service, the requester billed CPT code 97750-FC for 16 units. The multiple procedure payment reduction (MPPR) rule applies to the disputed services.

   The Medicare Claims Processing Manual Chapter 5, Section 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 practice expense PE payment.
   - For subsequent units or procedures furnished to the same patient on the same day (for dates of service on or after April 1, 2013), full payment is made for work and malpractice components, while 50 percent of the PE component is paid for services submitted on either professional or institutional claims.
   - To determine which services are subject to MPPR, contractors must rank services based on the applicable PE relative value units (RVUs). The service with the highest PE RVU is paid 100 percent, and the appropriate MPPR reduction is applied to the remaining services. If multiple services have the same highest PE RVU, they must be further ranked by the highest total fee schedule amount, with the highest paid at 100 percent and MPPR applied to the remaining services.

   Based on these provisions, the Division of Workers' Compensation (DWC) finds that the insurance carrier's MPPR-based payment reduction appropriately applies to the disputed services.

3. The requester billed $1,170.40 for 16 units of CPT code 97750-FC rendered on October 1, 2025. The insurance carrier issued a payment in the amount of $863.03 on October 7, 2025

and October 30, 2025. The requester is seeking additional reimbursement in the amount of $307.37.

The applicable fee guideline for functional capacity evaluations (FCEs) is found in 28 TAC Section 134.225, which provides:

- A maximum of three FCEs per compensable injury may be billed and reimbursed.
- FCEs ordered by the Division do not count toward this three-test limit.
- FCEs must be billed using CPT code 97750 with modifier "FC".
- Reimbursement is determined in accordance with Section 134.203(c)(1).
- Reimbursement limits are:
    - Up to four hours for the initial test or a division-ordered test
    - Up to two hours for an interim test
    - Up to three hours for the discharge test, unless it is the initial test
- Documentation is required.

28 TAC Section 134.203(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.

On the disputed date of service, the requester billed 16 units of CPT code 97750-FC. As discussed in Finding No. 2, the MPPR discounting rule applies to these services.

The MPPR Rate File containing payment rates for 2025 services is available through the Centers for Medicare & Medicaid Services (CMS) at

www.cms.gov/Medicare/Billing/TherapyServices/index.html.

To calculate the MAR, the following formula is applied:

(DWC Conversion Factor ÷ Medicare Conversion Factor) × Medicare Payment = MAR

Applicable Factors

- Date of Service: October 1, 2025
- Location: ZIP Code 75247, Locality 11 (Dallas)
- CPT Code: 97750 (2025 Medicare Participating Amounts)
  - First unit: $33.57
  - Each additional unit: $24.28
- DWC Conversion Factor (2025): 70.18
- Medicare Conversion Factor (2025): 32.3465

Applying the formula above, DWC calculates the MAR as follows:

- First unit: $72.83
- Subsequent 15 units: $790.18
- Total MAR: $863.01

The total MAR is **$863.01**. The respondent issued payment of **$863.03**, as a result, no additional reimbursement is due..

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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

		May 8, 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. 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.