



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Combined Chiropractic Services & Rehabilitation

Respondent Name

Mitsui Sumitomo Insurance Company

MFDR Tracking Number

M4-25-2004-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 25, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
8/8/24	97110-GP and 97140-GP	\$225.00	Dismissed
9/24/24	99213	\$95.00	\$95.00
10/17/24	97110-GP and 97140-GP	\$225.00	Dismissed
10/21/24	97110-GP and 97140-GP	\$225.00	Dismissed
10/29/24	97110-GP and 97140-GP	\$225.00	Dismissed
10/31/24	97110-GP	\$180.00	\$180.00
10/31/25	97140-GP	\$45.00	\$41.64
11/11/24	99213	\$95.00	\$95.00
11/25/24	97110-GP	\$180.00	\$180.00
11/25/24	97140-GP	\$45.00	\$41.64
11/26/24	97110-GP	\$180.00	\$180.00
11/26/24	97140-GP	\$45.00	\$41.64

12/2/24	97110-GP	\$180.00	\$180.00
12/2/24	97140-GP	\$45.00	\$41.64
12/5/24	97110-GP	\$180.00	\$180.00
12/5/24	97140-GP	\$45.00	\$41.64
12/30/24	97110-GP and 97140-GP	\$225.00	Dismissed
1/2/25	97110-GP and 97140-GP	\$225.00	Dismissed
1/7/25	97110-GP and 97140-GP	\$225.00	Dismissed
1/9/25	97110-GP and 97140-GP	\$225.00	Dismissed
1/13/25	97110-GP and 97140-GP	\$225.00	Dismissed
1/24/25	97110-GP and 97140-GP	\$225.00	Dismissed
Total		\$3,565.00	\$1,298.20

Requester's Position

"There is no reason for the denial of the patient was seen by a designated doctor David Brown, M.D., that he was in her favor on 12/6/2025. Report is included in this packet. In this reconsideration, please review and we are looking for a speedy resolution. All Physical therapy have authorization for the compensable injury...I don't feel these claims should have been denied for the reasons indicated and the carrier is liable for payment."

Amount in Dispute: \$3,565.00

Respondent's Position

Flahive, Ogden & Latson serves as the designated representative for Mitsui Sumitomo Insurance Company in Austin. This representative was duly notified of the medical fee dispute on May 7, 2025. Pursuant to Rule §133.307(d)(1), in the event the Division does not receive a response within 14 calendar days from the date of notification, the Division is authorized to issue a decision based solely on the information available.

As of the present date, no response has been received from either the carrier or its designated representative. Accordingly, this determination is rendered based on the information on record, consistent with the provisions of §133.307(d)(1).

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.
4. [28 TAC §133.3](#) sets out guidelines for Communication Between Health Care Providers and Insurance Carriers.
5. [28 TAC §133.240](#) sets out the guidelines for insurance carrier's medical bill processing/audit.
6. [28 TAC §134.130](#) sets out the guidelines for interest for late payment on medical bills and refunds.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 118 – Duplicate claim/service
- R1 – Duplicate billing
- 219 – Based on extent of injury

Issues

1. Are the disputed services provided on August 8, 2024; October 17–29, 2024; and December 30, 2024, through January 24, 2025, eligible for review by Medical Fee Dispute Resolution (MFDR)?
2. Is the insurance carrier's denial of extent of injury for services rendered on September 24, 2024; October 31, 2024 through December 5, 2024 supported?
3. Are the insurance carrier's denials supported for dates of service September 24, 2024; October 31, 2024 through December 5, 2024?
4. What is the appropriate reimbursement for office visits billed under CPT code 99213?
5. What is the appropriate reimbursement for physical therapy services billed under CPT codes 97110 and 97140?
6. Is the requester entitled to reimbursement?

Findings

1. The provider seeks reimbursement for services rendered on August 8, 2024; October 17–29, 2024; and December 30, 2024, through January 24, 2025. However, the MFDR request was found to be incomplete pursuant to 28 TAC §133.307(c)(2), as it lacked:
 - Medical bills submitted to the carrier under §133.10 or §133.500
 - Explanations of benefits (EOBs) or documentation of EOB requests under §133.307
 - Medical records relevant to the disputed dates of service

As such, the request is dismissed as premature. These dates of service are not eligible for review at this time under MFDR rules.

2. The carrier denied CPT codes 99213, 97110, and 97140 for services rendered on September 24, 2024, and October 31 through December 5, 2024, citing denial code 219 (extent of injury).

The division finds the following:

- The carrier did not file or provide a Plain Language Notice (PLN) as required under §133.307(d)(2)(H)
- The denial was not issued in accordance with the requirements outlined in 28 TAC §133.240(h)
- The carrier did not submit a response to the Medical Fee Dispute Resolution (MFDR) request.

Accordingly, the extent of injury denial is not supported, and these dates of service are eligible for fee dispute resolution under 28 TAC §133.307.

3. The carrier also denied services rendered on September 24, 2024, and October 31 through December 5, 2024, using denial reason codes:
 - 118 – Duplicate claim/service
 - R1 – Duplicate billing

Under 28 TAC §133.240(f)(17) and §133.3, such denials must include a bill-specific, substantive explanation. Generic or unsupported denial codes are insufficient.

The evidence shows the denials did not include a sufficient explanation in accordance with the communication and documentation standards of 28 TAC §§133.3 and 133.240. Therefore, the denials are not supported, and the provider is entitled to reimbursement.

4. Per 28 TAC §134.203(c)(1), the Maximum Allowable Reimbursement (MAR) for professional services is calculated using Medicare payment policies with minimal modifications. For services provided in an office setting—including Evaluation & Management, General Medicine, Physical Medicine & Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery, the Texas Workers' Compensation conversion factor is \$53.68.

Reimbursement is determined pursuant to 28 TAC §134.203 for CPT Code 99213 (Office Visit).

Dates of Service:

- September 24, 2024
- November 11, 2024

Fee Calculation:

Per 28 TAC §134.203(c)(1), the MAR is calculated as:

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment}$

- DWC CF = 67.81
- Medicare CF (2024B) = 33.2875
- Medicare Fee for CPT 99213 (Rest of Texas) = \$88.22
 $\text{MAR} = (67.81 / 33.2875) \times 88.22 = \179.71
- Billed: \$95.00 per date
- Paid: \$0.00
- Recommended Reimbursement: $\$95.00 \times 2 = \190.00

The provider is entitled to \$190.00 for these services.

5. According to 28 TAC §134.203(b)(1), the Texas Workers' Compensation system requires that participants apply Medicare payment policies, including coding, billing, Correct Coding Initiative (CCI) edits, use of modifiers, bonus payments for Health Professional Shortage Areas (HPSAs) and Physician Scarcity Areas (PSAs), and all other relevant policies in effect on the date of service, when billing for professional medical services, subject to any additions or exceptions outlined in the rules.

Per the Medicare Claims Processing Manual, Chapter 5, Section 10.7 (effective June 6, 2016), the Multiple Procedure Payment Reduction (MPPR) policy for outpatient rehabilitation services stipulates the following:

- Full payment is made for the procedure with the highest practice expense (PE) relative value unit (RVU).
- For subsequent procedures provided to the same patient on the same date (on or after April 1, 2013), 100% payment is made for the work and malpractice components, but only 50% of the PE component is reimbursed.

- To apply MPPR, services are ranked by their applicable PE RVUs. The service with the highest PE RVU is reimbursed at 100%; all others are discounted accordingly.
- If multiple services share the highest PE RVU, they are further ranked by total fee schedule amount, with the highest paid at 100%.

In this case, CPT codes 97110 and 97140 are subject to MPPR:

- 97110 has the highest PE RVU of 0.42 and is reimbursed at 100% for the first unit and 50% for subsequent units.
- 97140 is reimbursed at 50% per unit.

Reimbursement is determined pursuant to 28 TAC §134.203 for CPT 97110 and 97140 (Physical Therapy)

Dates of Service:

October 31, 2024; November 25, 2024; November 26, 2024; December 2, 2024; December 5, 2024

CPT 97110 x 4 units – Therapeutic Exercise

- Medicare Fee (first unit) = \$28.50
- Medicare Subsequent units = \$21.90
- MAR (first unit) = $(67.81 / 33.2875) \times \$28.50 = \$58.06$
- MAR (3 subsequent units) = $(67.81 / 33.2875) \times \$21.90 = \$44.61 \times 3 \text{ units} = \133.83

For each of the 5 dates, the 1st unit at 100% and the 3 subsequent units at 50%:

Total MAR per date: $\$58.06 + \$133.83 = \$191.89$

Total for 5 dates: $\$191.89 \times 5 = \959.45

The total MAR is \$191.89; however, the requester seeks \$180.00, this amount is recommended.

Total Recommended for CPT 97110: $\$180.00 \times 5 = \900.00

CPT 97140 – Manual Therapy

- Medicare Fee = \$20.44
- MAR = $(67.81 / 33.2875) \times \$20.44 = \$41.64$
- Billed: \$45.00
- Paid: \$0.00
- Recommended amount: $\$41.64 \times 5 = \208.20

Total Recommended amount is $\$900.00 + \$208.20 = \$1,108.20$

6. The division finds that the requester is entitled to a total reimbursement, as outlined below:

- Office Visits (Findings No. 4): \$190.00
- Physical Therapy (Findings No. 5): \$1,108.20
- Total Recommended Reimbursement: \$1,298.20.

Conclusion

The resolution of this medical fee dispute is determined by the evidence provided by both the requester and the respondent during the adjudication process. While not all evidence may have been thoroughly discussed, all relevant information was considered in reaching a decision.

The DWC finds the requester has established that reimbursement is due.

Order

Under the 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 Respondent must remit to Requester \$1,298.20 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	August 14, 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 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 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 tres o correo electrónico CompConnection@tdi.texas.gov.