



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Brandon Marrow, PT, MPT

Respondent Name

Starr Indemnity & Liability Company

MFDR Tracking Number

M4-25-3218-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 6, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 10, 2025	97110 GP CQ	\$154.92	\$0.00
February 10, 2025	97140 GP CQ	\$57.37	\$0.00
Total		\$212.29	\$0.00

Requester's Position

"This DOS was not previously paid. The visit that was paid was the Occupational Therapy... That visit was paid on 3/7/2025. I faxed the appeal on 3/10/2025 requesting the other 3 units billed for CPT 97110 to be paid along with the 1 unit billed for CPT 97140."

Amount in Dispute: \$212.29

Respondent's Position

"Despite the Requestor's Position Statement to the contrary, the HCP was reimbursed for both 97110 and 97140 on their original billing."

Response Submitted by: CorVel Healthcare Corporation

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 \(TAC\) §133.305](#) Medical Dispute Resolution - General
2. [28 TAC §133.307](#) Medical Fee Dispute Resolution
3. [28 TAC §133.10](#) Required Billing Forms/Formats
4. [28 TAC §133.20](#) Medical Bill Submission by Health Care Providers
5. [28 TAC §141.1](#) Requesting and Setting a Benefit Review Conference

Denial Reasons

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

- 97A – Provider Appeal.
- B13 – Payment for service may have been previously paid.
- P12 – Workers' Compensation State Fee Schedule Adj.
- GP – Services delivered under OP PT care plan.
- CQ – Outpatient PT svcs furnished by an PT assistant.
- ORC – See Additional information: Corrected submission bill 9/10061131

Issues

1. What services are in dispute?
2. Are the insurance carrier's denial reasons supported?
3. Is the requester entitled to reimbursement?

Findings

1. The requester, Brandon Marrow, PT, MPT, seeks payment totaling \$212.29 for physical therapy services billed under CPT codes 97110-GP-CQ and 97140-GP-CQ. The workers' compensation insurance carrier denied payment, stating that these services had already been paid.

The requester clarifies that the disputed services, although performed on the same date (February 10, 2025), were provided by two distinct licensed providers. The physical therapy services under a PT plan of care were furnished by Karina Banda-Mancilla, PTA, while occupational therapy services were provided by Brandon Marrow, PT, MPT. Both providers billed for CPT codes 97110 and 97140, but with different modifiers distinguishing the physical therapy (under the PT plan of care) from occupational therapy. Payment for the occupational

therapy services rendered by Brandon Marrow, PT, MPT, is not in dispute and was previously issued.

Accordingly, this review focuses on the disputed charges billed under CPT codes 97110-GP-CQ and 97140-GP-CQ by the licensed PTA, Karina Banda-Mancilla, to determine entitlement to reimbursement.

2. The requester submitted bills for CPT codes 97110-GP-CQ and 97140-GP-CQ performed by the licensed PTA, Karina Banda-Mancilla. The insurance carrier denied the claim based on a prior payment for these services. Documentation reveals that while payment was issued for one unit of CPT 97110-GP-CQ, the remaining units and the CPT 97140-GP-CQ services were denied.

Medical documentation includes billing records for both Brandon Marrow, PT, MPT, and Karina Banda-Mancilla, PTA, along with corresponding Explanation of Benefits (EOBs).

A review of the CMS-1500 claim form shows that box 24J lists the license number for Brandon Marrow, PT, MPT, and box 31 identifies him as the physician or supplier. However, clinical notes confirm that the disputed physical therapy services were performed by the licensed PTA, Karina Banda-Mancilla.

The Division of Workers' Compensation (DWC) applies the following rules in this review:

- 28 TAC §133.10(f)(1)(U) and (V) require the rendering provider's information, including both state license and NPI, to be accurately reported in box 24J of the CMS-1500 form.
- 28 TAC §133.20(d) mandates that the health care provider who performed the services must submit the bill, except when an unlicensed individual provides care under the direct supervision of a licensed provider; in such cases, the supervising licensed provider submits the bill.
- 28 TAC §133.20(e)(2) requires that the medical bill be submitted in the name of the licensed provider who rendered or directly supervised the services.

When these provisions are interpreted collectively, they allow listing a supervising provider in box 24J only if the rendering provider is unlicensed.

In this case, both Karina Banda-Mancilla, PTA, and Brandon Marrow, PT, MPT, are licensed providers. Since Karina Banda-Mancilla rendered the disputed services, per 28 TAC §133.20(d) and (e)(2), she was required to submit the bill with her own name and license number. Because the requester did not submit a medical bill in accordance with 28 TAC §133.20, reimbursement cannot be recommended.

2. Based on this review, the DWC concludes that reimbursement for services in dispute cannot be recommended.

Conclusion

After evaluating the evidence submitted by both parties and reviewing applicable Texas Workers' Compensation rules and guidelines, the Division of Workers' Compensation determines that the billed services lack sufficient documentation to support additional payment. As a result, the requester is not entitled to additional reimbursement, and the amount due is \$0.00

While not all the evidence is discussed in detail, all submitted documentation was considered in reaching this decision.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 25, 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 3 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 3 o correo electrónico CompConnection@tdi.texas.gov.