



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Peak Integrated  
Healthcare

**Respondent Name**

Ace American Insurance Co

**MFDR Tracking Number**

M4-25-3277-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

August 14, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 21, 2025	99213	\$193.12	\$193.12
April 21, 2025	97110	\$376.08	\$285.74
April 21, 2025	97112	\$139.46	\$122.65
April 21, 2025	99080	\$15.00	\$0.00
<b>Total</b>		<b>\$723.68</b>	<b>\$601.51</b>

### Requester's Position

"...Carrier is not reimbursing according to the authorization our facility received from the carrier. \*\*Carrier REIMBURSED SEVERAL DATES OF SERVICES with the SAME EXACT SERVICES."

**Amount in Dispute:** \$723.66

### Respondent's Position

The Austin carrier representative for Ace American Insurance Co is Downs & Stanford PC. The representative was notified of this medical fee dispute on August 15, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its

decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## **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 guidelines for the resolution of medical fee disputes.
2. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional medical services.
3. [28 TAC §129.5](#) sets out the requirements of work status reports.

### Denial Reasons

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

- 133 – The disposition of this service line is pending further review.
- AI – Claim/service denied.
- Disputed Claim.
- 18 – Duplicate claim/service.

### Issues

1. Did the insurance carrier follow the appropriate administrative process to address the denial of disputed claim?
2. What is the rule applicable to reimbursement of physical therapy services?
3. What rule is applicable to evaluation and management services reimbursement?
4. What rule is applicable to work status reports reimbursement?
5. Is the requester entitled to additional reimbursement?

### Findings

1. The requester is seeking payment of professional medical services rendered in April of 2025. The insurance carrier denied the charges as the services are in dispute and under further review.

Because the insurance carrier's denials lack valid support, the requester is entitled to reimbursement for the services rendered on April 21, 2025.

2. The applicable DWC fee guideline for physical therapy is 28 TAC §134.203 (b) (1) which requires the application of Medicare payment policies applicable to professional services.

The applicable Medicare payment policy is found at [www.cms.gov](http://www.cms.gov), Medicare Claims Processing Manual, Chapter 5, Section 10.7 Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services. *Medicare applies a multiple procedure payment reduction (MPPR) to the practice expense (PE) payment of select therapy services. The reduction applies to the HCPCS codes contained on the list of "always therapy" services (see section 20), excluding A/B MAC (B)-priced, bundled and add-on codes, regardless of the type of provider or supplier that furnishes the services. Medicare applies an MPPR to the 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 procedure.*

The MPPR Rate File that contains the payments for 2025 services is found at <https://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

- MPPR rates are published by carrier and locality.
  - The services were provided in Fort Worth, Texas.
  - The carrier code for Texas is 4412 and the locality code for Fort Worth is 28.
  - The DWC Conversion Factor for 2025 is 70.18
  - The Medicare Conversion Factor for 2025 is 32.3465
  - The MPPR PE for 97112 is 0.48 (highest ranked) 1<sup>st</sup> unit full rate 2<sup>nd</sup> rate reduced
  - The MPPR PE for 97110 is 0.43 MPPR rate applied to all units
  - The 97112 allowable for 1<sup>st</sup> unit \$32.14. Second unit \$24.39
  - The 97110 allowable for all units \$21.95
  - $70.18/32.3465 \times \$32.14 = \$69.73$
  - $70.18/32.3465 \times \$24.39 = \$52.92$
  - $70.18/32.3465 \times 21.95 \times 6 = \$285.74$
  - Total MAR = \$408.39
3. The requester also submitted for evaluation and management code 99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, **20** minutes must be met or exceeded.

DWC Rule 28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...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 \$53.68..."

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2). (DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment =

MAR. In this instance,  $70.18/32.3465 \times \$89.01 = \$193.12$ .

4. The requester is also seeking \$15.00 for code 99808-73. DWC Rule §129.5(e) states, The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:
  - (1) after the initial examination of the injured employee, regardless of the injured employee's work status;
  - (2) when the injured employee experiences a change in work status or a substantial change in activity restrictions; and
  - (3) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks and which shall be based upon the doctor's, delegated physician assistants, or delegated advanced practice registered nurse's scheduled appointments with the injured employee.

DWC Rule §129.5 (g) states, In addition to the requirements under subsection (e) of this section, the treating doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report with the insurance carrier, employer, and injured employee within seven days of the day of receipt of:

- (1) functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the injured employee as provided by §129.6(a) of this title (relating to Bona Fide Offers of Employment); or
- (2) a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions.

Review of the submitted report dated April 21, 2025 does not support a change in work status or substantial change in activity restrictions. No reimbursement is recommended.

5. The total allowable DWC fee guideline reimbursement is  $\$408.39 + \$193.12 = \$601.51$ . This amount is recommended.

### Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requester has established payment is due.

### **ORDER**

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requester is entitled to reimbursement for the services in

dispute. It is ordered that Ace American Insurance Co must remit to Peak Integrated Healthcare \$601.51 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

**Authorized Signature**

_____	_____	<u>October 28, 2025</u>
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 in accordance with 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 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 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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).