



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Peak Integrated
Healthcare

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-25-3442-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

August 29, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 21, 2025	97110-GP	\$377.64	\$0.00
May 21, 2025	97112-GP	\$16.96	\$0.00
May 27, 2025	97110-GP	\$377.64	\$0.00
May 27, 2025	97112-GP	\$16.96	\$0.00
May 29, 2025	97110-GP	\$377.64	\$0.00
May 29, 2025	97112-GP	\$16.96	\$0.00
June 4, 2025	97110-GP	\$377.64	\$0.00
June 4, 2025	97112-GP	\$16.96	\$0.00
Total		\$1578.40	\$0.00

Requester's Position

"After reconsideration these bills, (all except 5/2925 which we received no response for) were denied full payment again stating "Previously paid and 6/04/2025 for extent of injury which is incorrect because therapy was approved and we have received no peer review or acknowledgement of disputes..."

Amount in Dispute: \$1,578.40

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: We have escalated the bills in question for manual review to determine if additional monies are owed."

Response submitted by: Gallagher Bassett

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §124.2](#) sets out insurance carrier notification requirements.
3. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional medical services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 247 – A payment or denial has already been recommended for this service.
- B13-1 – Previously paid. Payment for this claim/service may have been provided in previous payment.
- P4 – Workers' compensation claim adjudicated as non-compensable. This payer is not liable for claim or service/treatment.
- 5405 – This charge was reviewed through the clinical validation program.
- 90409/119 – Benefit maximum for this time period or occurrence has been reached.
- B12 – Services not documented in patient's medical records.
- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules.
- 109-1 Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
- 219 – Based on extent of injury.

Issues

1. Did the insurance carrier support the extent of injury denial at the time of reconsideration?
2. Are the insurance carrier's denial reasons supported?
3. What rule is applicable to payment?
4. Is the requester due additional reimbursement?

Findings

1. The insurance carrier denied the disputed services based on extent of injury. DWC Rule 28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

DWC Rule 28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim".

Review of the submitted information finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2. The insurance carrier's denial reason is therefore not supported. Furthermore, because the respondent failed to meet the requirements of Rule §133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution. Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. The insurance carrier denied the medical bill claim line 97110 – "therapeutic exercises aimed at developing strength, endurance, range of motion, and flexibility, typically billed in 15-minute increments" for services not being documented in the patients' medical records.

Review of the submitted documentation found documents that detail the time of activities, however, the area where the date should be is illegible. DWC Rule 133.307 (c) states in pertinent part, Requests for MFDR must be legible and filed in the form and manner prescribed by the division. As the date on the records could not be read, the insurance carrier's denial for code 97110 is upheld.

3. The requesters seek additional reimbursement of code 97112 – neuromuscular reeducation. Review of the submitted explanation of benefits found the insurance carrier made a payment of \$123.06 for each date of service. 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, 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 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 procedures.*

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 zip code 75043.
- The carrier code for Texas is 4412 and the locality code for Garland is eleven.

The Maximum Allowable Reimbursement (MAR) fee guideline is found in DWC Rule 28 §134.203 (c)(1) & (2). 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...

(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.

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

- The 2025 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465
- The Carrier/Locality where services rendered Carrier- 04412/Locality Dallas -11
- Code 97112 highest rank first unit CMS MPPR rate \$32.27, second unit \$24.45
- $70.18/32.3465 \times \$32.27 = \70.01
- $70.18/32.3465 \times \$24.45 = \53.05
- Total allowable for code 97112 \$123.06.

4. Based on review of the information available at the time of this review, DWC finds no payment can be recommended for the disputed code 97110 and that the carrier's payment of code 97112 is at the applicable fee guideline, no additional payment is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent 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 §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

		December 2, 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 electronico CompConnection@tdi.texas.gov.