



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Dallas Doctors Professional Assoc

Respondent Name

Ace American Insurance Company

MFDR Tracking Number

M4-26-0286-01

Insurance Carrier's Austin Representative

BOX 15 Downs Stanford PC

DWC Date Received

September 25, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 4, 2025	Diagnosis redacted	\$405.88	\$319.64
April 7, 2025	Diagnosis redacted	\$405.88	\$319.64
April 8, 2025	Diagnosis redacted	\$405.88	\$100.79
April 14, 2025	Diagnosis redacted	\$342.44	\$128.72
April 17, 2025	Diagnosis redacted	\$405.88	\$176.45
Total		\$1,965.96	\$1,045.24

Requester's Position

The requester did not submit a position statement with the MFDR submission.

Amount In Dispute: \$1,965.96

Respondent's Position

"Our bill audit company has determined that additional monies are owed."

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.

Adjustment Reasons

- 90223 – Workers' Compensation Jurisdictional fee schedule adjustment.
- 90409/119 – Benefit maximum for this time period or occurrence has been reached.
- 90950 – This bill is a reconsideration of a previously reviewed bill. Allowance amount reflect any changes to the previous payment.
- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 18-2 – Exact duplicate claim/service.
- 219-1 – Based on extent of injury.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the insurance carrier support the reduction based on benefit maximum?
3. What rule is applicable to fee guidelines?
4. Has DWC determined whether the requester is entitled to additional reimbursement?

Findings

1. The requester is seeking reimbursement for physical therapy rendered on April 4th, 7th, 8th, 14th, and 17th of 2025. The claim were originally denied based on extent of injury this denial was not maintained. The insurance carrier support payments made in November of 2025 of \$505.23. The total shown in dispute is \$1,965.96.
2. The payments made in November 2025 had reductions based on benefit maximum reached. However, review of the submitted documentation did not contain information to support this reduction. Additionally, the submitted explanation of benefits from the carrier were applicable to dates of service April 8th, 14th, and 17th, 2025. The dates of service April 4th and

7th were not included in the payments shown. The services in dispute will be reviewed per applicable fee guidelines.

3. 28 TAC Section 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 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 Dallas, Texas.
- The carrier code for Texas is 4412 and the locality code for Dallas is 11.
- 97110 Practice Expense (PE) 0.43 not the highest payment reduced by 50%/\$22.00
- 97112 PE 0.48 not the highest payment reduced by 50%/\$24.45
- 97116 PE 0.43 not the highest payment reduced by 50%/22.00
- 97530 PE 0.62 highest payment at 100% \$34.87

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

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

Review of the applicable MPPR Rate File for dates of service in April 2025 in Dallas, Texas found the following.

- 97110 – $70.18/32.3465 \times \$22.00 \times 3 = \143.20
- 97112 – $70.18/32.3465 \times \$24.45 = \53.05
- 97116 – $70.18/32.3465 \times \$22.00 = \47.73
- 97530 – $70.18/32.3465 \times \$34.87 = \75.66
- Per the above, April 4 2025 charges \$405.88. Total MAR \$319.64
- Per the above, April 7, 2025 charges \$405.88. Total MAR \$319.64
- Per the above, April 8, 2025 charges \$405.88. Total MAR \$319.64. Carrier paid \$218.85. Additional payment is due of \$100.79
- Per the above April 14, 2025 charges \$342.44. Total MAR \$271.91. Carrier paid \$143.19. Additional payment is due of \$128.72
- Per the above April 17, 2025 charges \$405.88. Total MAR \$319.64. Carrier paid \$143.19. Additional payment is due of \$176.45.

4. Based on the information available at the time of this review found the original extent of injury denial was not maintained. The insurance carriers payments for dates of service April 8th, 14th, and 17th, 2025 had a non-supported reduction. The April 4th, and 7th charges were calculated per applicable fee guidelines as were dates of service April 8th, 14th, and 17th. The total amount due to the requester is \$1,045.24.

Conclusion

The outcome of this medical fee dispute is based on the evidence 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 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 additional reimbursement for the disputed services. It is ordered that Ace American Insurance Co must remit to Dallas Doctors Professional Assoc \$1045.24 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 24, 2026

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.