



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated  
Healthcare

**Respondent Name**

Old Republic Insurance Co

**MFDR Tracking Number**

M4-26-0691-01

**Carrier's Austin Representative**

Box Number 44

**DWC Date Received**

November 10, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 24, 2025	97110-GP	\$30.42	\$0.00
September 24, 2025	97112-GP	\$140.02	\$123.06
September 25, 2025	97110-GP	\$125.88	\$95.46
September 25, 2025	97112-GP	\$140.02	\$123.06
<b>Total</b>		<b>\$436.34</b>	<b>\$341.58</b>

### Requestor's Position

The requester did not submit a position statement with this request for MFDR. They did submit a copy of a request for reconsideration dated October 21, 2025 that states, "These bills were denied FULL PAYMENT for ""ABSENCE OF AUTHORIZATION." This is INCORRECT. WE ARE AUTHORIZED TO TREAT. Therefore this date of service should be paid in full as all others."

**Amount in Dispute:** \$436.34

### Respondent's Position

"The provider billed \$531.80 for these services and the Respondent paid \$95.46. The provider believes more reimbursement should be paid. However, the fee guidelines do

not support additional reimbursement. The bill in question was processed per the Texas Fee Guidelines. As explained herein, the reimbursement amount was reduced due to cascading and the provider was paid correctly per TX MAR and MPR rules.”

**Response submitted by:** White Espey PLLC

## **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 §134.600](#) sets out the requirements of prior authorization.
3. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional medical services.

### Denial Reasons

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

- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules.
- 199 – Number of services exceed utilization agreement.
- 119 – Benefit maximum for this time period or occurrence has been reached.
- 197 – Payment denied/reduced for absence of precertification/authorization.
- 5264 – Payment is denied-service not authorized.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration
- 193 – Original payment decision is being maintained. Upon review, it was

determined that this claim was processed properly.

- W3 – Bill is a reconsideration or appeal.

### Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

### Findings

1. The requester seeks reimbursement for physical therapy for dates of service September 24-25, 2025. The insurance carrier made a payment for code 97110 in the amount of \$95.98 and denied all other claim lines on the medical bill for lack of authorization. DWC Rule 28 TAC §134.600 (p) states, Non-emergency health care requiring preauthorization includes: (5) physical and occupational therapy services, Review of the submitted documentation found on September 18, 2025 Sedgwick certified 4 sessions of physical therapy under Ref# 6246145 for 4 units beginning on September 15, 2025 and ending December 15, 2025.

Based on this review, DWC find the requester had authorization to render 4 physical therapy sessions each approved for four units of service. The insurance carrier's denial for lack of authorization is not supported.

Additionally, the insurance carrier used the denial of benefit maximum reached. As stated, the requester received authorization to render four units of service for each date of service. Each date of service will be reviewed for the authorized number of units.

2. The requester billed 2 units of CPT code 97110 – Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility and 2 units of 97112 – Therapeutic procedure, 1 or more areas, each 15 units;; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.

The requester appended the "GP" modifier to the code on each disputed date of service. The "GP" modifier is described as "Services delivered under an outpatient physical therapy plan of care."

The fee guidelines for the disputed service are found at DWC Rule 28 TAC §134.203. DWC Rule 28 TAC §134.203(a)(5) states, "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

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 procedures. Many therapy services are time-based codes, i.e., multiple units may be billed for a single procedure. The MPPR applies to all therapy services furnished to a patient on the same day, regardless of whether the services are provided in one therapy discipline or multiple disciplines, for example, physical therapy, occupational therapy, or speech-language pathology.*

*Full payment is made for the unit or procedure with the highest PE payment.*

*...For subsequent units and procedures with dates of service on or after April 1, 2013, furnished to the same patient on the same day, full payment is made for work and malpractice and 50 percent payment is made for the PE for services submitted on either professional or institutional claims.*

*To determine which services will receive the MPPR, contractors shall rank services according to the applicable PE relative value units (RVU) and price the service with the highest PE RVU at 100% and apply the appropriate MPPR to the remaining services. When the highest PE RVU applies to more than one of the identified services, contractors shall additionally sort and rank these services according to highest total fee schedule amount, and price the service with the highest total fee schedule amount at 100% and apply the appropriate MPPR to the remaining services.*

The multiple procedure payment reduction rule applies to the disputed service.

The MPPR Rate file that contains the payments for 2025 services are found at [www.cms.gov/Medicare/Billing/TherapyServices/index.html](http://www.cms.gov/Medicare/Billing/TherapyServices/index.html).

To determine the MAR the following formula is used:

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

- MPPR rates are published by carrier and locality.
- Disputed service was rendered in zip code 75043 locality 04412 11, Dallas.
- The disputed date of service is September 24-25, 2025.

- The Medicare allowed amount for CPT code 97112 in 2025 at this locality is \$32.27 for the first unit, and \$24.45 for each subsequent unit.
- The 2025 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465
- The MAR calculation for first unit  $70.18/32.3465 \times \$32.27 = \$70.01$
- The MAR calculation for the second unit  $70.18/32.3465 \times \$24.45 = \$53.05$
- The Medicare allowed amount for CPT 97110 in 2025 at this locality is \$22.00
- The MAR calculation is  $70.18/32.3465 \times \$22.00 = \$47.73 \times 2 = \$95.46$
- Using the above formula, DWC finds the total MAR is \$437.04.

3. Review of information applicable to the disputed services and DWC rules the Maximum Allowable Rate (MAR) is \$437.04. The insurance carrier supports payment in the amount of \$95.46. Additional payment of \$341.58 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 established that additional reimbursement is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is not entitled to additional reimbursement for the disputed services. It is ordered that Old Republic Insurance must remit to Peak Integrated Health \$341.58 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

**Authorized Signature**

		December 10, 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 in accordance with 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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).