



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Injury Centers of Texas

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-26-0756-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

November 18, 2025

Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|--------------------|---------------------|-------------------|-------------------|
| June 2, 2025 | 97110, 97530, 97124 | \$477.00 | \$416.38 |
| June 4, 2025 | 97110, 97530, 97124 | \$477.00 | \$416.38 |
| June 6, 2025 | 97110, 97530, 97124 | \$477.00 | \$416.38 |
| June 11, 2025 | 97110, 97530, 97124 | \$477.00 | \$416.38 |
| June 12, 2025 | 97110, 97530, 97124 | \$477.00 | \$416.38 |
| June 13, 2025 | 97110, 97530, 97124 | \$477.00 | \$416.38 |
| June 18, 2025 | 97110, 97530, 97124 | \$477.00 | \$416.38 |
| June 19, 2025 | 97110, 97530, 97124 | \$477.00 | \$416.38 |
| June 20, 2025 | 97110, 97530, 97124 | \$477.00 | \$416.38 |
| Total | | \$4,293.00 | \$3,747.42 |

Requester's Position

"After not receiving the original EOB, we contacted the insurance company to obtain the EOB and we then submitted a request for reconsideration as they denied the original bill. The response we received indicated that our request was deemed untimely. We believe this determination is incorrect, as the original bills were submitted within the required timeframe, and the lack of EOBs hindered our ability to respond appropriately."

Amount In Dispute: \$4,293.00

Respondent's Position

The Austin carrier representative for Zurich American Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on December 4, 2025.

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

- 29 – The time limit for filing has expired.
- 11 – The diagnosis is inconsistent with the procedure.

Issues

1. What is DWC considering in this medical fee dispute?
2. Are the insurance carrier's denials supported?
3. What rule(s) are applicable to reimbursement?

4. Has DWC found the requester is due reimbursement?

Findings

1. The requester seeks reimbursement of physical therapy services rendered in June of 2025 in the amount of \$4,293.00. The insurance carrier denied based on inconsistent diagnosis and timely filing.
2. Review of the submitted documentation found the original bill with creation date July 25, 2025 was received by the carrier on August 2, 2025 denied as the diagnosis being inconsistent with the procedure.

A medical bill marked "Request for Reconsideration" was created on September 24, 2025 was received by the carrier on September 24, 2025. This medical bill was denied because filing deadline had expired.

28 TAC 133.250(b) states, The health care provider shall submit the request for reconsideration no later than 10 months from the date of service.

The request for reconsideration was submitted and received on September 24, 2025. This date is within 10 months from the date of service.

The insurance carrier did not respond to this request for MFDR. The denials of the medical bill was not supported by the information available to DWC.

3. 28 TAC Section 134.203(b)(1) 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 PE for the location and accompanying rates is found at, <https://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

- The services were provided in Houston, Texas.
- The carrier code for Texas is 4412 and the locality code for Houston is 18.
- 97710 has a PE of 0.43 (not the highest and will receive MPPR reduction) MPPR rate \$22.19 per unit.
- 97530 has a PE of 0.62 (highest) 1st unit rate \$35.00, 2nd unit rate \$24.94.
- 97124 has a PE of 0.56 (not the highest and will receive MRRP reduction) MPPR rate \$21.02.

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

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

- $97710 - 70.18/32.3465 \times \$22.19 \times 5 = \$240.72$
- $97530 - 70.18/32.3465 \times \$35.00 = \$75.94$
- $97530 - 70.18/32.3465 \times \$24.94 = \$54.11$
- $97124 - 70.18/32.3465 \times \$21.02 = \$45.61$
- Total MAR for each date of service is \$416.38

4. DWC finds the insurance carrier's denials were not supported with documentation or by a response. The fee calculation was done per applicable DWC guideline and recommendation of payment is made for \$3,747.42.

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 reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Zurich American must remit to Injury Centers of TX \$3,747.42 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

| | | |
|-----------|--|-------------------|
| _____ | _____ | February 12, 2026 |
| 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 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 electrónico CompConnection@tdi.texas.gov.