TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Peak Integrated Health

Respondent Name

State National Insurance Co

MFDR Tracking Number

M4-26-1014-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

December 8, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
June 16, 2025	97110-GP	$125.88	$32.52
June 16, 2025	97112-6P	$140.02	$53.05
June 24, 2025	97110-GP	$125.88	$32.52
June 24, 2025	97112-6P	$140.02	$53.05
July 2, 2025	97110-GP	$125.88	$32.52
July 2, 2025	97112-6P	$140.02	$53.05
August 11, 2025	97110-GP	$125.88	$32.52
August 11, 2025	97112-6P	$140.02	$53.05
September 3, 2025	97110-GP	$125.88	$32.52
September 3, 2025	97112-6P	$140.02	$53.05

September 5, 2025	97110-GP	$125.88	$32.52
September 5, 2025	97112-6P	$140.02	$53.05
September 8, 2025	97110-GP	$125.88	$32.52
September 8, 2025	97112-6P	$140.02	$53.05
	Total	$1861.30	$598.99

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Request for Reconsideration" dated October 22, 2025 and December 8, 2025 that states, "After reconsideration on all these dates of service we received denial EOBs for all except 9/3/2025 DOS, and they all were denied stating "Exact Duplicate Claim/Service".

Supplemental response Feb 12, 2026

"We have been paid partially."

Amount In Dispute: $1,861.30

Respondent's Position

"Please find attached are payment transactions for the payment of this MDR with interest. We are asking to provider to consider withdrawing this MDR with this payment."

Response Submitted By: CCMSI

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

- 18 – Exact duplicate claim/service
- 247 – A payment or denial has already been recommended for this service.

- 197 – Payment denied/reduced for absence of precertification/authorization.
- 199 – Number of services exceed utilization agreement.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers compensation jurisdictional fee schedule adjustment.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support services were prior authorized?
3. What rule(s) are applicable to reimbursement?
4. Has DWC determined whether additional reimbursement is due?

Findings

1. The requester is seeking additional reimbursement of physical therapy services rendered from June of 2025 through September 2025 in the amount of $1,861.30. The insurance carrier denied the claims originally as not authorized and upon reconsideration as duplicates. A payment of $930.65 was acknowledged by the requester who wished to continue with MFDR.

2. Review of the submitted documents found on page 55 a "Notice of Approval" from Ethos that has a start date of August 27, 2025 and end date of October 27, 2025 that approved 6 units of service. Page 54 of the documents found "Notice of Approval" from Ethos that has a start date of July 18, 2025 and end date of October 24, 2025 that approved 6 units of service. This denial was not maintained as the insurance carrier made a payment of $930.65 on December 17, 2025 for all dates of service listed on the submitted DWC60.

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 Garland, Texas. Zip code 75043.
   - The carrier code for Texas is 4412 and the locality code for Garland is 11.

   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

- 2025 DWC Conversion Factor 70.18
- 2025 Medicare Conversion Factor 32.3465
- 97110 – 29.01 x 70.18/32.3465 = $47.73 x 2 = $95.46. Carrier paid $62.94. Additional payment of $95.46 - $62.94 = **$32.52**.
- 97112 – 32.27 x 70.18/32.3465 = $70,01 (1st unit)
- 97112 – 24.24 x 70.18/32.3465 = $53,05 (2nd unit)
- Total MAR for 97112 $70,01 + $53.05 = $123.06. Carrier paid $70.01. Additional payment of $123.06 – $70.01 = **$53.05**.

4. Based on the information available at the time of this review. DWC finds the requester is due a payment of $32.32 for each 97110 billed and $53.03 for each 97112 billed. The total amount due to the requester is $598.99. This amount is recommended.

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 State National Insurance Co must remit to Peak Integrated Healthcare $598.99 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	March 11, 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.