



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

Peak Integrated Healthcare

**Respondent Name**

Old Republic Insurance Co

**MFDR Tracking Number**

M4-26-1128-01

**Insurance Carrier's Austin Representative**

BOX 44 White Espey PLLC

**DWC Date Received**

December 15, 2025

## Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 9, 2025	97110-GP	\$377.64	\$286.39
October 9, 2025	97112-GP	\$16.96	\$0.00
October 14, 2025	97110-GP	\$377.64	\$286.39
October 14, 2025	97112-GP	\$16.96	\$0.00
October 16, 2025	97110-GP	\$377.64	\$286.39
October 16, 2025	97112-GP	\$140.02	\$123.06
<b>Total</b>		<b>\$1,306.86</b>	<b>\$982.23</b>

## 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 November 18, 2025 and December 15, 2025 that states, "After reconsideration we were again denied payment in full for workers compensation

jurisdictional fee adjustment and extent of injury... We disagree and all other dates of therapy service for this authorized therapy ... ..have been paid in full”.

**Amount In Dispute:** \$1,306.86

## **Respondent's Position**

“We will provide a supplemental response once the bill auditing company has finalized their review”.

### **Supplemental response submitted January 12, 2026**

“Our bill audit company has determined that no further payment is due... DOS: 10/09/2025 and 10/14/2025... The Fee Schedule allowable has been confirmed to be correct for code 97112. DOS: 10/16/2025... The documentation does not specify the specific exercise performed [eg: number of sets and repetitions, Amount of resistances, duration of hands]. The documentation does not support the billed services”.

**Response Submitted By:** Gallager Bassett

## **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 TAC Section [134.203](#) sets out the fee guidelines for professional medical services.

### Adjustment Reasons

- 219 – Based on extent of injury
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 251 – The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- P13 – Payment reduced or denied based on workers’ compensation jurisdictional regulations or payment policies.
- N45 – Payment based on authorized amount.

### Issues

1. What is DWC considering in this medical fee dispute?

2. Was the extent of injury denial maintained?
3. Is the response from the insurance carrier supported?
4. What rule applies to reimbursement?
5. Has DWC determined whether reimbursement is due?

## Findings

1. The requester is seeking reimbursement of physical therapy services rendered in October of 2025 in the amount of \$1,306.86. Specifically, additional reimbursement of code 97112 for dates of service October 9<sup>th</sup> and 14<sup>th</sup> and full reimbursement of code 97110 for October 9<sup>th</sup>, 14<sup>th</sup>, and 16<sup>th</sup> as well as full reimbursement of code 97112 on October 16<sup>th</sup>, 2025.
2. The submitted explanation of benefits denied the claims originally based on extent of injury however, upon reconsideration payment was made on code 97112 and code 97110 was denied for lack of documentation.
3. The supplemental response submitted by Gallagher Bassett states, "The documentation does not specify the specific exercise performed..." The American Medical Association (AMA) CPT Code and Guideline Changes, effective January 1, 2021, can be found at: <https://www.ama-assn.org/practice-management/cpt/cpt-code-97110-therapy-procedure-using-exercise-each-15-minutes> describes the requirements of the code as, "Therapy procedure using exercise to develop strength, endurance, range of motion and flexibility, each 15 minutes." The requester submitted medical records (page 21-22) that indicate the time spent in warmup, stretching, strengthening, and neuro-upper. These documents are specific to the exercises performed under each category. Therefore, the response by Gallagher Bassett is not supported and will not be considered in this review.
4. 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](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 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.
- The carrier code for Texas is 4412 and the locality code for Garland is 11.

- The Practice Expense (PE) for Code 97110 is 0.43. The PE for code 97112 is 0.48. Code 97112 has the highest practice expense. The first unit allowable is \$32.27. Second unit allowable is \$24.45. Code 97110 will be reimbursed at MPPR reduced rate of \$22.00 per unit.

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

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

- 97110 -  $70.18/32.3465 \times \$22.00 = \$47.73 \times 6 = \$286.39$
- 97112 1<sup>st</sup> unit -  $70.18/32.3465 \times \$32.37 = \$70.01$
- 97112 2<sup>nd</sup> unit -  $70.18/32.3465 \times \$24.45 = \$53.05$
- Total MAR for 97112 = \$123.06

5. DWC has found the requester is due reimbursement as listed below.

- October 9, 2025 – 97110-GP, MAR is \$286.39. This amount is recommended.
- October 9, 2025 – 97112 -GP, MAR \$123.05. Carrier paid in full.
- October 14, 2025 – 97110-GP, MAR is \$286.39. This amount is recommended.
- October 14, 2025 – 97112-GP, MAR is \$123.06. Carrier paid in full.
- October 16, 2025 – 97110-GP, MAR is \$286.39. This amount is recommended.
- October 16, 2025 – 97112-GP, MAR is \$123.06. This amount is recommended.
- Total amount due to the requester is \$982.23.

### 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 Old Republic Insurance Company must remit to Peak Integrated Healthcare \$982.23 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 19, 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](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 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 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](mailto:CompConnection@tdi.texas.gov).