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

General Information

Requester Name

Peak Integrated Healthcare

Respondent Name

National Union Fire Ins Co of Pitts PA

MFDR Tracking Number

M4-26-1807-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

February 23, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 10, 2025	97110-GP	$377.64	$286.39
December 10, 2025	97112-GP	$16.96	$0.00
December 12, 2025	97110-GP	$377.64	$286.39
December 12, 2025	97112-GP	$16.96	$0.00
December 17, 2025	97110-GP	$377.64	$286.39
December 17, 2025	97112-GP	$16.96	$0.00
December 19, 2025	97110-GP	$377.64	$286.39
December 19, 2025	97112-GP	$16.96	$0.00
	Total	$1,578.40	$1,145.56

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Reconsideration" dated January 26, 2026 and February 23, 2026 that states, "After reconsideration we were again denied full payment for these services stating "Documentation is incomplete or deficient" This is incorrect and all documentation is clear and authorized approval is attached."

Amount In Dispute: $1,578.40

Respondent's Position

The Austin carrier representative for National Union Fire Insurance Co of Pittsburgh is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 25, 2026.

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 134.600 sets out the procedures for preauthorization.
3. 28 TAC Section 134.203 sets out the fee guidelines for professional medical services.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

- 251 – The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim.

- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.
- N45 – Payment based on authorized amount.
- N130 – Consult plan benefit documents/guidelines for information about restrictions for this service.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What is DWC considering in this medical fee dispute?
2. What services were authorized?
3. Did the insurance carrier support request for additional documentation?
4. What rule is applicable to reimbursement?
5. Has DWC determined whether reimbursement is due to the requester?

Findings

1. The requester seeks full reimbursement of code 97110-GP and additional reimbursement of code 97112-GP for dates of service in December of 2025 in the amount of $1,578.40.
2. The explanation of benefits indicates a denial based on authorized amount. The medical documentation indicates a Utilization Review Approval from GB CARE dated November 20, 2025 that six sessions of physical therapy from November 20, 2025 through February 20, 2026.

   28 TAC Section 134.600(p)(5)(A) states, physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS)… Based on the documentation presented, DWC finds codes 97110 and 97112 were authorized for the dates of service in dispute.

   The insurance carrier did not respond to this request for MFDR to further detail the denial based on authorized amount. This denial will not be considered in this review.
3. Regarding the denial for incomplete lacking information. 28 TAC Section 133.210(d)states, Any request by the insurance carrier for additional documentation to process a medical bill shall:

   (1) be in writing;

(2) be specific to the bill or the bill's related episode of care;

(3) describe with specificity the clinical and other information to be included in the response;

(4) be relevant and necessary for the resolution of the bill;

(5) be for information that is contained in or in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider;

(6) indicate the specific reason for which the insurance carrier is requesting the information; and

(7) include a copy of the medical bill for which the insurance carrier is requesting the additional documentation.

The insurance carrier did not support what information was requested, received and deemed incomplete or deficient. This denial will not be considered in this review.

4. DWC will consider the fee guideline for code 97110 and 97112. 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.
   - The carrier code for Texas is 4412 and the locality code for Garland is 11.
   - The PE for code 97112 is 0.48. As the highest PE the 1st unit is reimbursed at 100% or $32.27 and the 2nd unit at MPPR rate or $24.45.
   - The PE for code 97110 is 0.43. Not the highest all units paid at the MPPR rate of $22.00.

The following formula represents the calculation of the DWC MAR at Section 134.203 (c)(1)&(2). (DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR.

- 70.18/32.3465 x 32.27 = $70.01
- 70.18/32.3465 x 24.24 = $53.05
- Total MAR for code 97112 = $123.06. The carrier paid this amount.
- 70.18/32.3465 x 22.00 = $47.73 x 6 = $286.39

5. Based on the information available at the time of this review the insurance carrier paid the MAR for code 97112-GP for each date of service.

   The MAR for code 97110-GP is $286.39 for dates of service December 10, 12, 17, 19, 2025 or $286.39 x 4 = $1,145.56.

   The insurance carrier did not respond to this request for MFDR to support the denial for deficient documentation or authorization exceeded. The total MAR recommended is $1,145.56.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 National Union Fire Insurance Co of Pittsburgh must remit to Peak Integrated Services $1,145.56 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	May 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. 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.