



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Crescent Medical Center

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-26-1833-01

Insurance Carrier's Austin Representative

BOX 15 Downs Stanford PC

DWC Date Received

February 25, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
July 22 – 29, 2025	PHY THERAPY	\$735.20	\$317.97
Total		\$735.20	\$317.97

Requester's Position

"MAR:\$735.20... Total expected allowed \$735.20"

Amount In Dispute: \$735.20

Respondent's Position

"Enclosed please find an EOB for the services rendered. The Carrier has paid a total of \$344.94 for the physical therapy services. This claim is managed under the Coventry WC Network. ...This dispute involves network health care, and is therefore, Medical Fee Dispute Resolution does not have jurisdiction over this dispute."

Response Submitted By: Downs & Stanford, P.C.

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 [134.403](#) sets out the guidelines for outpatient hospital services.

Adjustment Reasons

- 18 – Exact duplicate claim/service
- 29 – The time limit for filing has expired
- GP Dial FAC-DR OFFIC / OP PT Serv
- 224 – Duplicate charge
- 892 – Billed date exceeds 95 days from date of service
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- P12/W1 – Workers' compensation jurisdictional fee schedule adjustment
- 857 – This service has been adjusted at the request of the carrier
- G14 – Pricing is calculated based on the medical professional fee schedule facility site of service value
- PK2 – Subject to Coventry workers comp network, a certified TX HCN

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's reduction based on contract supported?
3. What rule(s) is applicable to reimbursement?
4. Has DWC determined whether reimbursement is due to the requester?

Findings

1. The requester is seeking reimbursement of physical therapy services rendered from July 22 – 29, 2025 in the amount of \$735.20. The insurance carrier made a payment citing a reduction based on Coventry Certified Network.
2. Review of the information known to DWC found insufficient evidence to support the injured worker is enrolled in a certified health network. This reduction will not be considered in this

review.

3. 28 TAC Section 134.403 (d) requires Texas workers' compensation system participants when coding, billing, reporting and reimbursement to apply Medicare payment policies in effect on the date of service.

The Medicare payment policy applicable to the services in dispute is found at www.cms.gov Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC). The applicable status indicator is "A" which indicates this service is paid per fee schedule other than OPPTS.

Medicare Claims Processing Manual Chapter 5, 10.3.7-effective June 6, 2016, titled Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services, states:

Full payment is made for the unit or procedure with the highest PE payment. For subsequent units and procedures with dates of service prior to April 1, 2013, furnished to the same patient on the same day, full payment is made for work and malpractice and 80 percent payment is made for the PE for services submitted on professional claims (any claim submitted using the ASC X12 837 professional claim format or the CMS-1500 paper claim form) and 75 percent payment is made for the PE for services submitted on institutional claims (ASC X12 837 institutional claim format or Form CMS1450).

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 MPPR Rate File that contains the payments for 2025 services is found at www.cms.gov/Medicare/Billing/TherapyServices/index.html

The following codes were submitted for dates of service July 22 – 29, 2025

- 97161 – Single service no MPPR
- 97530 has a practice expense of .62
- 97112 has a practice expense of .48
- 97110 has a practice expense of .43

- Highest ranked code for date of service July 26, 2025 is 97530
- Highest ranked code for date of service July 29, 2025 is 97112

The DWC conversion factor for 2025 is 70.18. The Medicare conversion factor for 2025 is 32.3465. MPPR rates are published by carrier and locality.

Review of the submitted medical claim finds that the services were rendered in zip code 75146, (11 – Dallas). Locality code 4412.

28 TAC Section 134.203(c)(1) states, To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83...

- July 22, 2025/97161- $70.18/32.3465 \times \$98.73 = \214.21 . Carrier paid \$111.46. Additional payment of **\$102.75** due to the requester.
 - July 26, 2025/97110 – $70.18/32.3465 \times \$22.00 = \$47.73 \times 2 = \$95.46$. Carrier paid \$49.67. Additional payment of **\$45.79** due to the requester.
 - July 26, 2025/97530 1st unit – $70.18/32.3465 \times \$34.87 = \75.66
 - July 26, 2025/97530 2nd unit – $70.18/32.3465 \times \$24.77 = \53.74
 - Total MAR 97530 for July 26, 2025 = \$129.40. Carrier paid \$67.33. Additional payment of **\$62.07** due to the requester.
 - July 29, 2025/97110 – $70.18/32.3465 \times \$22.00 = \47.73 . Carrier paid \$24.84. Additional payment of **\$22.89** due to the requester.
 - July 29, 2025/97112 1st unit – $70.18/32.3465 \times \$32.27 = \70.01
 - July 29, 2025/97112 2nd-3rd units – $70.18/32.3465 \times \$24.45 = \$53.05 \times 2 = \$106.10$
 - Total MAR for 97112 July 29, 2025 = \$176.11. Carrier paid \$91.64. Additional payment of **\$84.47** is due to the requester.
4. Review of the information available at the time of this review found the contract reduction taken by the insurance carrier is not supported. The MAR calculation less the payment made indicates an additional payment of $\$102.75 + \$45.79 + \$62.07 + \$22.89 + \$84.47 = \317.97 is due to the requester.

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 Indemnity Insurance Co of North America must remit to Crescent Medical Center \$317.97 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

_____	_____	March 25, 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.