TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Combined Chiropractic Services & Rehab

Respondent Name

Mitsui Sumitomo Ins

MFDR Tracking Number

M4-26-2315-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

April 17, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
August 27, 2025	97110	$180.00	$180.00
August 27, 2025	97140	$45.00	$44.09
July 23, 2025	99213	$95.00	$95.00
July 21, 2025	97110	$180.00	$180.00
July 21, 2025	97140	$45.00	$44.09
July 16, 2025	97110	$180.00	$180.00
July 16, 2025	97140	$45.00	$44.09
July 15, 2025	97110	$180.00	$180.00
July 15, 2025	97140	$45.00	$44.09
July 14, 2025	97110	$180.00	$180.00

July 14, 2025	97140	$45.00	$44.09
July 8, 2025	97110	$180.00	$180.00
July 8, 2025	97140	$45.00	$44.09
July 3, 2025	97110	$180.00	$180.00
July 3, 2025	97140	$45.00	$44.09
June 18, 2025	97110	$180.00	$180.00
June 18, 2025	97140	$45.00	$44.09
June 4, 2025	97110	$180.00	$180.00
June 4, 2025	97140	$45.00	$44.09
May 29, 2025	99213	$95.00	$95.00
April 15, 2025	99213	$95.00	$0.00
January 18, 2025	99213	$95.00	$0.00
June 16, 2025	97110	$180.00	$180.00
June 16, 2025	97140	$45.00	$44.09
	Total	$2,630.00	$2,430.90

Requester's Position

"…we are only billing what is compensable, and the patient is post-operative."

Amount In Dispute: $2,630.00

Respondent's Position

The Austin carrier representative for Mitsui Sumitomo Insurance is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on April 24, 2026. No position statement was received.

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

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

- 219 – Based on extent of injury
- 18 – Duplicate Claim/Service
- ZZ – Timely Filing rule reviewed and suppressed

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the January 28, 2025and April 15, 2025 dates of service eligible for MFDR?
3. Did the insurance carrier support the extent of injury denial?
4. Was prior authorization issued for physical therapy services?
5. Is the denial for extent upheld for physician office visits?
6. What rule is applicable to reimbursement?
7. Has DWC determined if the request is entitled to reimbursement?

Findings

1. The requester seeks reimbursement of professional medical services rendered from January 28, 2025 through August 27, 2025 in the amount of $2,630.00. The insurance carrier did not submit a position statement in response to this request for MFDR.

2. Regarding dates of service January 28, 2025 and April 15, 2025 the following rule applies. 28 TAC Section 133.307(c)(1)(A) states: "Timeliness. A requester shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be

filed on the date the division receives the request. A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

The dates of service in dispute are January 28, 2025 and April 15, 2025. The request for medical dispute resolution was received at the Division on April 17, 2025. These dates of service are not eligible for MFDR and will not be considered in this review.

3. The explanation of benefits denied the codes 97140, 97110 and 99213 based on extent of injury. 28 TAC Section 133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule Section 124.2 (relating to carrier reporting and notification requirements).

   28 TAC Section 124.2(h) requires notification to the division and claimant of any dispute of disability or the extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

   Review of the submitted information finds no copies, as required by Rule Section 133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule 28 TAC Section 124.2.

   The insurance carrier's denial reason is therefore not supported. Furthermore, because the respondent failed to meet the requirements of Rule Section 133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution.

   Consequently, the division concludes that the insurance carrier did not establish there are outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

4. 28 TAC Section 134.600(p)(5)(A) states, non-emergency health care requiring preauthorization includes: physical and occupational therapy services…

   The submitted documentation included an "Approval Determination – Utilization Review" from Corvel dated June 2, 2025. Approved PT 12 visits, 3 visits a week, for 4 weeks. Effective date June 2, 2025 through September 2, 2025.

   28 TAC 134.600(c)(1)(B) states, The insurance carrier is liable for all reasonable and necessary medical costs related to the health care; listed in subsection (p) or (q) of this section only

when the following situations occur: preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care.

Based on the rule shown above, the requester received authorization for the physical therapy services, the insurance carrier is liable for the services represented by codes 97110, 97140.

5. DWC finds that, because the insurance carrier's denial based on extent of injury was unsupported, the requester is entitled to reimbursement for the office visit billed under CPT code 99213.

   The reimbursement is calculated pursuant to 28 TAC 134.203(c)(1) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. 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…

   - The 2025 DWC conversion factor is 70.18.
   - The 2025 Medicare conversion factor is 32.3465.
   - The DWC Conversion Factor / Medicare Conversion Factor x CMS allowable for locality of provider = MAR or 70.18/32.3465 x $86.34 (Locality 04412, 99) = $187.33.
   - The requester is seeking $95.00. This amount is recommended for dates of service May 29, 2025 and July 23, 2025.

6. The rule(s) applicable to the reimbursement of physical therapy (codes 97110 and 97140) are found in 28 TAC Section 134.203(b)(1) which requires the application of Medicare payment policies applicable to professional services and 28 TAC Section 134.203(a(1)(5) which defines Medicare payment policies as reimbursement methodologies, models and values or weights including its coding, billing and reporting payment policies set for in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.

   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 procedures.*

   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 San Antonio, Texas.
- The carrier code for Texas is 4412 and the locality code for San Antonio is 99.
- The PE for code 97110 is 0.43 which is the highest. The first unit paid 100%, $28.00. Second - third units paid at MPPR rate, $21.43.
- The PE for code 97140 is 0.4. Not the highest, paid at MPPR rate of $20.32.

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.

- Code 97110 – 70.18/32.3465 x $28.00 = $60.75 (1st unit)
- Code 97110 – 70.18/32.3465 x $21.43 = $46.50 x 3 = $139.49 (2nd – 4th units)
- Total MAR 97110 = $60.75 + $139.49 = $200.24
- Code 97140 – 70.18/32.3465 x $20.32 = $44.09

7. After reviewing all the available information, DWC found that the insurance carrier's denials were not supported. Additionally, the carrier did not submit sufficient documentation to substantiate the non-payment of the disputed services.

   Therefore, DWC recommends reimbursement for eligible services as follows:

   • CPT Code 99213
   - Dates of service July 23, 2025, and May 29, 2025: reimbursement is the lesser of the MAR or the billed amount of $95.00 per date of service.
   - Dates of service January 28, 2025, and April 15, 2025, are not eligible for MFDR.

   • CPT Code 97110
   - Reimbursement is the lesser of the MAR or the billed amount of $180.00 for each eligible date of service.

   • CPT Code 97140
   - Reimbursement is $44.09 for each eligible date of service.

   The total recommended reimbursement for the eligible disputed services is calculated as follows:

   • CPT Code 97110
   - $180.00 × 10 dates of service = $1,800.00

   • CPT Code 97140
   - $44.09 × 10 dates of service = $440.90

   • CPT Code 99213
   - $95.00 × 2 dates of service = $190.00

DWC concludes that the total amount recommended for the eligible services in dispute, for MFDR tracking number M4-26-2315-01 is $2,430.90, this amount is recommended.

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 Mitsui Sumitomo Insurance Co must remit to Combined Chiropractic Services & Rehab $2,430.90 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.