



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Peak Integrated Healthcare

Respondent Name

Triumphe Casualty Co.

MFDR Tracking Number

M4-26-2782-01

Insurance Carrier's Austin Representative

BOX 6 Stone Loughlin & Swanson LLP

DWC Date Received

June 5, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 25, 2025	97110-GP	\$91.26	\$0.00
November 25, 2025	97112-GP	\$33.92	\$16.96
Total		\$125.18	\$16.96

Requester's Position

"After reconsideration we never received a response of denial or full payment for this date of service and we have not been paid in full for allowable 2025 fees."

Amount In Dispute: \$125.18

Respondent's Position

"Requestor, Peak Integrated Healthcare, is requesting \$125.18 in addition to the \$392.48 paid by the Carrier for treatment on 11/25/25. Carrier properly audited the bill through URA and paid pursuant to its findings. Carrier stands by its actions in this regard."

Response Submitted By: Stone Loughlin & Swanson, LLP

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 guideline for professional medical services.

Adjustment Reasons

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

1. 59 – Processed based on multiple or concurrent procedure rules.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester entitled to additional reimbursement?

Findings

1. The requester seeks additional reimbursement for CPT Codes 97110-GP and 97112-GP rendered on November 25, 2025. The insurance carrier reduced the disputed services with reduction codes indicated above.

The requester seeks additional payment in the amount of \$91.26 for CPT code 97110, and \$33.92 for CPT code 97112.

2. The carrier reduced the allowed amount based on the workers compensation fee schedule and multiple procedure payment rules.

TAC Section 134.203(a)(5) states, "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

The requester billed the following CPT Codes 97710-GP x 6 units and 97112-GP x 2 units. The definition of each code is indicated below:

- CPT code 97110 - "Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility."
- CPT Code 97712 – "Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities."

The requester appended the "GP" modifier to both codes. The "GP" modifier is described as "Services delivered under an outpatient physical therapy plan of care."

Medicare Claims Processing Manual, Chapter 5, Section 10.3.7—effective June 6, 2016, titled *Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services*, outlines the following policy:

- Full payment is made for the procedure or unit with the highest Practice Expense (PE) payment.
- For subsequent units or procedures with dates of service on or after April 1, 2013, provided to the same patient on the same day, payment is:
 - Full payment for work and malpractice expenses.
 - 50% payment of the PE component for services billed on either professional or institutional claims.

To determine which services are subject to the Multiple Procedure Payment Reduction (MPPR), contractors rank services based on their PE relative value units (RVUs). The service with the highest PE RVU receives 100% payment, while the 50% MPPR is applied to the remaining services.

If multiple services share the highest PE RVU, they are further ranked by the highest total fee schedule amount. The service with the highest fee schedule receives full payment, and the MPPR applies to the rest.

A review of Medicare policies confirms that the MPPR applies to the Practice Expense component of certain time-based physical therapy codes when multiple units or procedures are performed on the same day for the same patient. Medicare publishes an annual list of codes subject to this policy. The DWC finds that both CPT code 97110 and 97112 are subject to the MPPR policies and are ranked as follows:

CPT Code	Practice Expense
97110	0.43
97112	0.48

As shown above, CPT Code 97112 has the highest PE payment amount therefore, the reduced PE payment applies to the remaining units for both CPT 97112 (1 unit) and 97110 (6 units).

28 TAC Section 134.203 states in pertinent part, "(c) 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. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

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 zip code 75043, Dallas, TX.
- The carrier code for Texas is 4412 and the locality code for Dallas is 11.

CPT Code	Medicare Fee Schedule (1 st unit)	MPPR for subsequent units
97110		\$22.00
97112	\$32.27	\$24.45

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The 2025 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465

Description	Qty	Rate	MAR Amount
97112 MAR – 1 st Unit	1	\$70.01	\$70.01
97112 MAR – Sub. Units	1	\$53.05	\$53.05
97110	6	\$47.73	\$286.38
Total MAR			\$409.44

For CPT code 97110, the carrier paid the MAR amount of \$286.38; therefore, no additional reimbursement is recommended. The MAR for CPT code 97112 is \$123.06. The insurance carrier paid \$106.10; therefore, an additional payment of \$16.96 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 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 Triumphe Casualty Co must remit to Peak Integrated Healthcare \$16.96 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

_____	_____	June 18, 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 electronico CompConnection@tdi.texas.gov.