



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

OCCUPATIONAL
MEDICINE SERVICES

Respondent Name

AIU INSURANCE CO.

MFDR Tracking Number

M4-25-2316-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 20, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 24, 2025	99204	\$11.60	\$0.00
January 24, 2025	97116	\$48.21	\$0.00
Total		\$59.81	\$0.00

Requester's Position

"CPT 99204 was charged for his visit according to the 2025 price. Payment was received at the 2024 pricing. A reconsideration was sent on 2/19/25 pointing out that the TDI-DWC multiplier and Medicare pricing for this code increased in 2025... CPT 97116 was denied for reason 'The appropriate modifier was not used.' Modifier -25 has been added to CPT code 99204 because our provider performed the gait training, not a physical therapist. We believe we have coded correctly in accordance with the TDI rules and are entitled to the remaining \$11.60 for CPT 99204 and \$48.21 for CPT 97116."

Amount in Dispute: \$59.81

Respondent's Position

"Upon receipt of the MDR requested, the bill was sent for reconsideration. A payment of \$11.55 for DOS 1-24-25/1-24-25 was issued on 5-27-25. Attached are copies of the EOR for payment and the payment screens for the bill and interest payments issued."

Response Submitted by: ESIS

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

The insurance carrier reduced or denied payment for the disputed services with the following claim adjustment codes:

- 222 – Charge exceeds Fee Schedule allowance (222)
- 402 - The appropriate modifier was not utilized (402)
- 608 – Non physicians shall be reimbursed at 85% of the maximum allowable payment for physicians.
- 172 - Payment is adjusted when performed/billed by a provider of this specialty.
- 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing (ANSI4).
- P12 - Workers' compensation jurisdictional fee schedule adjustment. (ANSIP12)
- ETBR - A technical Bill Review (TBR) has been performed. (ETBR)
- Note -1 Previous gross recommended payment amount on line: \$0; Previous recommended payment amount on line: \$0.
- Note -3 Previous gross recommended payment amount on line: \$281.51; Previous recommended payment amount on line: \$281.51, Additional recommended allowance of \$11.55 is being made based upon additional supporting documentation received.
- W3 – Appeal / Reconsideration.

Issues

1. As of the date of this review, what amount of reimbursement has been allowed for the services in dispute?

2. Is the requester entitled to additional reimbursement for CPT Code 99204?
3. Is the requester entitled to reimbursement for CPT Code 97116?

Findings

1. A review of the submitted explanation of benefits (EOB) documents submitted finds that the disputed CPT code 99204 has been reimbursed in the total amount of \$293.06, which includes an additional payment in the amount of \$11.55 allowed after the request for this medical fee dispute resolution (MFDR).

A review of the submitted EOB documents finds that the disputed CPT code 97116 has been reimbursed in the total amount of \$0.00 as of the date of this review.

DWC finds that the services in dispute have received reimbursement in the total amount of \$293.06 as of the date of this review.

2. A review of the DWC060, Medical Fee Dispute Resolution (MFDR) Request form, received by DWC on May 20, 2025, finds that the requester is seeking additional reimbursement in the amount of \$11.60 for CPT code 99204 rendered on January 24, 2025.

As established in finding number one above, the insurance carrier issued an additional payment after the request for MFDR in the amount of \$11.55 for CPT code 99204. Based on this payment, DWC finds that no additional reimbursement for CPT code 99204 rendered on January 24, 2025, is recommended. The requestor is seeking reimbursement in the amount of \$48.21 for CPT Code 97116 rendered on January 24, 2025.

DWC finds that 28 TAC §134.203 applies to the billing and reimbursement of the disputed CPT code 97116. 28 TAC §134.203 states in pertinent part, "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

- CPT Code 97116 is defined as, "Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)."
- According to [CMS Article A56566, Billing and Coding: Outpatient Physical and Occupational Therapy Services](#), supportive documentation requirements for CPT code 97116 include:
 - Objective measurements of balance and gait distance, assistive device used, amount of assistance required, gait deviations and limitations being addressed, use of orthotic or prosthesis, need for and description of verbal cueing.
 - Presence of complicating factors (pain, balance deficits, gait deficits, stairs, architectural or safety concerns).

- Specific gait training techniques used, instructions given, and/or assistance needed, and the patient’s response to the intervention, to demonstrate that the skills of a therapist were required.
- Total time spent on gait training activities.

A review of the submitted medical records finds that the documentation does not include any of the required elements of supportive documentation listed above for CPT code 97116. As a result, DWC cannot recommend reimbursement for CPT code 97116 rendered on January 24, 2025.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that reimbursement is due.

ORDER

Under Texas Labor Code §§413.031, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		August 12, 2025
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 §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 1-800-252-7031, option 3 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 the *Medical Fee Dispute Resolution Findings and Decision*** with any other required

information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.