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

Requestor Name
Peak Integrated Healthcare

Respondent Name
Safety National Casualty Corp

MFDR Tracking Number
M4-25-2877-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
July 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 27, 2025	97110-GP	$377.64	$0.00
March 27, 2025	97112-GP	$16.96	$0.00
April 1, 2025	97110-GP	$377.64	$0.00
April 1, 2025	97112-GP	$16.96	$0.00
April 7, 2025	97110-GP	$377.64	$0.00
April 7. 2025	97112-GP	$16.96	$0.00
April 10, 2025	97110-GP	$377.64	$0.00
April 10, 2025	97112-GP	$16.96	$0.00
April 15, 2025	97110-GP	$377.64	$0.00
April 15, 2025	97112-GP	$16.96	$0.00
April 17, 2025	97110-GP	$377.64	$0.00
April 17, 2025	97112-GP	$16.96	$0.00
	Total	$2367.60	$0.00

Requestor's Position

The requester did not submit a position statement with this request for MFDR. They did submit a copy of a document titled, "Request for Reconsideration" dated July 14, 2025 that states, "AFTER RECONSIDERATION ON ALL THESE DATES OF SERVICE, WE WERE AGAIN DENIED FULL PAYMENT FOR AUTHORIZED SERVICES, STATING SERVICES NOT DOCUMENTED IN MEDICAL RECORDS. THIS IS INCORRECT AND WE SHOULD BE PAID IN FULL."

Amount in Dispute: $2367.60

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: We have escalated the bills in question for manual review to determine if additional monies are owed."

Supplemental response submitted September 4, 2025

"Our bill audit company has determined that no further payment is due."

Response Submitted by: Gallagher Bassett

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code (TAC) §133.307sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.305 sets out the general medical provision of dispute of medical bills.
3. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- 5405 – This charge was reviewed through the clinical validation program.
- 90409/119 – Benefit maximum for this time period or occurrence has been reached.
- 163 – The charge for this procedure exceeds the unit value and/or multiple procedure rules.
- B12 – Services not documented in patient's medical records.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is the Insurance Carrier's denial reason(s) supported for code 97110?

2. What rule is applicable to reimbursement of Code 97112?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 97110 x 6 units rendered in March-April 2025, and additional reimbursement of CPT Code 97112 for the same period. The insurance carrier denied code 97110 with reason codes indicated above.

   CPT code 97110 - Therapeutic procedure, 1 or more areas, each **15** minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

   Review of submitted medical records finds the health care provider medical records indicating the following.

   - R bike - 20
   - Ankle stretching/ROM – 15
   - Foot/Toe Stretching/ROM – 20
   - Band exercises – 10
   - Leg Extension – 10
   - Calf/Toe Raise – 10
   - Total 85/15 = 6 units

   However, the section that should indicate the date is illegible. DWC finds because the submitted medical records did not clearly indicate the date of the services rendered as described above, the insurance carrier's denial for services not documented in patient's medical record is supported. No payment is recommended for code 97110.

2. The requestor is seeking additional reimbursement for CPT Code 97112 for the March-April dates of service. The insurance carrier reduced the payment based on Medicare Multiple Payment Procedure Rule. The fee guidelines for the disputed service are found at 28 TAC §134.203.

   DWC Rule 28 TAC §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 requestor billed 2 units of CPT code 97112 on each disputed date of service. The requestor appended the "GP" modifier to the code on each disputed date of service. The "GP" modifier is described as "Services delivered under an outpatient physical therapy plan of care."

   Medicare Claims Processing Manual Chapter 5, 10.7-effective 11-22-21, titled Multiple Procedure Payment Reductions (MPPR) 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 CMS-1450).

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.

Review of the Medicare policies finds that the multiple procedure payment reduction (MPPR) applies to the Practice Expense (PE) of certain time-based physical therapy codes when more than one unit or procedure is provided to the same patient on the same day. Medicare publishes a list of the codes subject to MPPR annually.

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

DWC Rule 28 TAC §134.203 states in pertinent part, "(c) To determine the maximum allowable reimbursement (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..."

- MPPR rates are published by carrier and locality.
- Per the medical bills, the services were rendered in zip code 75043; Medicare locality is 11, Dallas, TX.
- To determine the MAR the following formula is used:
  (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR
- The 2025 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465
- The Medicare Participating amount for CPT code 97112 at this locality in 2025 is $32.27 for the first unit and $24.45 for subsequent units.

- Using the above formula, the DWC finds the MAR is $70.01 for the first unit and $53.05 for subsequent units. Therefore, the MAR for 97112 x 2 units = $123.06 on each disputed date of service.
- The respondent paid $123.06 on each disputed date of service.
- No additional reimbursement is recommended.

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 Peak Integrated Health has not established that reimbursement in the amount of $2367.60 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 8, 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 electronico CompConnection@tdi.texas.gov.