



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Daniel Beltran, D.C.

**Respondent Name**

Arch Insurance Co.

**MFDR Tracking Number**

M4-25-3059-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

July 24, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 27, 2025	97110-GP	\$525.00	\$0.00

### Requester's Position

Excerpt from third appeal request dated June 26, 2025: "...we would like to clarify that the services for the date of service (02/27/2025) were in fact documented in the patient's medical record, and appropriate clinical notes were previously submitted as part of our appeal. However, we have since identified that the authorization on file covering the dates 09/30/2024 through 12/31/2024 had reached its maximum utilization prior to this date of service. Therefore, we are respectfully requesting that the payer review this reconsideration request and determine if it would be possible to retroactively extend or allow an exception to include the date of service 02/27/2025 under the existing authorization."

**Amount in Dispute:** \$525.00

### Respondent's Position

"Per Clinical validation bill was denied for Documentation on the CMS 1500 or UB04 is not supported by the information in the medical record. The first reconsideration submission submitted under DCN ... Per Clinical validation bill was again denied for Documentation..."

**Response Submitted by:** Gallagher Bassett

## 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 Texas Administrative Code §133.307](#) sets out the procedures for Medical Fee Dispute Resolution requests.
2. [28 TAC §134.600](#) sets out the preauthorization guidelines for specific treatments and services.

### Denial Reasons

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

- 163-1 - Claim/service adjusted because the attachment referenced on the claim was not received.
- B12-2 - Services not documented in patient's medical records.
- Other reason codes not defined on submitted EOBs: 00663, 90202, B13-2, 247

### Issues

1. Were the services in dispute, rendered on February 27, 2025, and billed under CPT code 97110-GP, preauthorized in accordance with 28 TAC §134.600?
2. Is the Requester entitled to reimbursement?

### Findings

1. On the disputed date of service, February 27, 2025, the requester billed 5 units of CPT code 97110-GP.

CPT code 97110 is described as "Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility."

28 TAC §134.600 which sets out preauthorization guidelines for specific treatments and services, states in pertinent part, "(p) Non-emergency health care requiring preauthorization includes: ... (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels:

- (A) Level I code range for Physical Medicine and Rehabilitation, but limited to:
- (i) Modalities, both supervised and constant attendance;
  - (ii) Therapeutic procedures, excluding work hardening and work conditioning;
  - (iii) Orthotics/Prosthetics Management;
  - (iv) Other procedures, limited to the unlisted physical medicine and rehabilitation

procedure code... ”

28 TAC §134.600 further states in pertinent part, “(q) The health care requiring concurrent utilization review for an extension for previously approved services includes: ... (3) physical and occupational therapy services as referenced in subsection (p)(5) of this section;”

In accordance with 28 TAC §134.600(p), DWC finds that the disputed CPT code, 97110, as defined above, requires preauthorization.

A review of the submitted documents finds a preauthorization letter approving 12 sessions of CPT code 97110 to be rendered between the dates of September 30, 2024, through December 30, 2024. DWC finds no evidence in the submitted documentation of a date range extension to the preauthorization for CPT code 97110.

DWC finds that the date of service in dispute, February 27, 2025, falls outside of the preauthorized date range documented in the submitted preauthorization approval letter. As a result, DWC finds that the service in dispute was not preauthorized in accordance with 28 TAC §134.600.

2. The requester is seeking reimbursement in the amount of \$525.00 for disputed therapeutic services rendered on February 27, 2025, billed under CPT code 97110-GP. Because the date of service in question was not preauthorized in accordance with 28 TAC §134.600, no reimbursement for the disputed service can be recommended.

DWC finds that the requester is not entitled to reimbursement for the service in dispute.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	October 6, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).