



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-25-3276-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 21, 2025	97110	\$376.08	\$285.74
January 21, 2025	97112	\$122.65	\$0.00
Total		\$376.08[sic] (\$498.73)	\$285.74

Requestor's Position

"Due to a recent internal audit in our office, we have found services remain unpaid... ..This is an approved case, and all claims are to be paid in full."

Amount in Dispute: \$376.08

Respondent's Position

"The bills in question were escalated and review completed. Our bill audit company has determined that no further payment is due. ...CPT code 97110 correctly denied as documentation did not specify the specific exercise performed..."

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the fee guidelines for physical therapy services.
3. [28 TAC §134.600](#) sets out the requirements of prior authorization.

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.
- B12 – Services not documented in patient's medical records.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 163 – The charge for this procedure exceeds the unit value and/or the multiple procedure rules.

Issues

1. Is the insurance carrier's denial supported?
2. What rule is applicable to reimbursement?
3. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of physical therapy services rendered in January of 2025. The insurance carrier denied the claim line for 97110 – Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility based on benefit maximum and lack of documentation. The claim line 97112 – Neuromuscular Reeducation was reduced in payment based on benefit maximum and exceed unit value/multiple procedure rules.

Review of the submitted documents found an approval from Medinsights dated January 6, 2025 that specifies requested treatment/service was physical therapy for the (redacted), 3

sessions (97110 x 6, 97112 x 2). The Auth Code indicates 97110 for the three sessions without a specified limit on the code 97110. The reduction of benefit maximum for code 97110 is not supported. The submitted evidence did not clearly indicate prior authorization was received on code 97112. No additional reimbursement can be recommended.

DWC Rule 134.600(c)(1)(B) states in relevant parts, The insurance carrier is liable for all reasonable and necessary medical costs relating to the healthcare 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 healthcare.

The submitted evidence supports the requester sought prior authorization of code 97110 and received authorization without limit on the number of services rendered during the session.

Regarding the denial for lack of support in the medical record. The following documents were reviewed. "Encounter DOS: 1/21/2025 – Objective – Therapeutic Exercises were performed. Muscle energy techniques were performed...

Warmup/Cardio – Hand Bike / UBE 5 minutes

Stretching – Service Stretching/ROM 5 minutes

- Shoulder Stretching/ROM 10 minutes
- Shldr/Elbow Pulley/Wheel 10 minutes
- Wall Crawls/Clock Stretch 10 minutes
- Wand Exercises 10 minutes

Strengthening

- Lat Pull 5 minutes
- Bench Press 5 minutes
- Mid-Row 5 minutes
- Tricep Push 5 minutes
- Bicep Curl 5 minutes
- Pec Fly 5 minutes
- Shoulder Press 5 minutes
- Band Exercises 5 minutes

Total Time 90 minutes

The requester's submitted claim line for 6 units of code 97110 is supported. The claim line will be reviewed per applicable fee guidelines.

2. The applicable DWC fee guideline for physical therapy is 28 TAC §134.203 (b) (1) which requires the application of Medicare payment policies applicable to professional services.

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 procedure.

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 76112, Fort Worth, Texas
- The carrier code for Texas is 4412 and the locality code for Fort Worth is 28

- Review of the MPPR rates indicates the Practice Expense (PE) for the billed services are as follows.
 - 97112 has a PE of 0.48
 - 97110 has a PE of 0.43 (received the MPPR reduction)
 - As insufficient evidence was found to support the required authorization of code 97112 only code 97110 will be reimbursed at the MPPR rate.

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$

- CPT Code 97110
- The MPPR rate for carrier and location \$21.95
- WC Conv Factor \$70.18/Medicare Conv Factor \$32.3465 x \$21.95 x 6 = \$285.74
- Total allowable \$285.74

3. The total recommended reimbursement for the disputed services is \$285.74. This amount 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 established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Safety National Casualty

Corp must remit to Peak Integrated Health \$285.74 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 22, 2025
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.

