



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Peak Integrated
Healthcare

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-25-3324-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 19, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 11, 2025	97110-GP	\$377.64	\$0.00
June 11, 2025	97112-GP	\$16.96	\$0.00
June 12, 2025	97110-GP	\$377.64	\$0.00
June 12, 2025	97112-GP	\$16.96	\$0.00
June 17, 2025	97110-GP	\$377.64	\$0.00
June 17, 2025	97112-GP	\$16.96	\$0.00
Total		\$1,183.80	\$0.00

Requester's Position

"These bills were denied full payment for 'exceeds fee schedule or MPPR.' This is incorrect."

Amount in Dispute: \$1,183.80

Respondent's Position

"The billed CPT code 97110 is correctly denied as the submitted medical documentation did not specify the specific exercise performed [e.g.: number of sets and repetitions, amount of resistance, duration of hands] for each unit."

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 \(TAC\) §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.
3. [28 TAC §134.600](#) sets out the preauthorization guidelines for specific treatments and services.

Denial Reasons

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

- 90409, 119 – Benefit maximum for this time period or occurrence has been reached.
- 5405 – This charge was reviewed through the clinical validation program.
- 5721 – To avoid duplicate bill denial for all reconsiderations/ adjustments/ additional payment requests, submit a copy of this EOR or clear notation that a recon is
- B12-2 -Services not documented in patients' medical records.
- The charge for this procedure exceeds the unit value and/or the multiple procedure rules.
- 00663 – Reimbursement has been calculated based on the state guidelines.
- 163-1 – Claim/service adjusted because the attachment referenced on the claim was not received.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract, or carrier decision.
- 93 – No claim level adjustments.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What services are in dispute?
2. Are the Insurance Carrier's denial reasons supported?
3. Is the Requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement for CPT codes 97110-GP and 97112-GP provided on June 11, 2025, June 12, 2025, and June 17, 2025. The insurance carrier denied payment for CPT code 97110-GP and issued a partial payment for CPT code 97112-GP, as indicated by the denial and reduction codes referenced above.

The requester is seeking additional payment of \$16.96 for CPT code 97112-GP and full reimbursement of \$377.64 for CPT code 97110-GP.

The fee guidelines for disputed services are found at 28 Texas Administrative Code (TAC) §134.203.

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."

A review of the medical bill finds that the requester billed CPT codes 97110-GP and 97112-GP on each disputed date of service. 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 97112 – "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."

2. The insurance carrier denied payment of CPT code 97110-GP (6 units) on the grounds that the services were not documented in the patient's medical records. A review of the submitted medical records confirms that the requester documented 6 units of CPT code 97110 for dates of service June 11, 2025, June 12, 2025, and June 17, 2025. Since the services were clearly documented in the medical records for the dates in question, the denial based on "B12" is not supported.

The insurance carrier issued a full denial for charges submitted under CPT code 97110-GP and issued a partial reimbursement for CPT code 97112-GP. Both services were denied or reduced using adjustment codes 119 and 90409, indicating that the benefit maximum had been reached.

The requester obtained preauthorization from MedInsight for the following:

- CPT code 97110 x 6 units
- CPT code 97112 x 2 units
- These services were authorized to be rendered between unknown dates due to the illegibility of the pre-authorization document.

According to 28 TAC §133.307(c), "Requests for MFDR must be legible and submitted in the form and manner prescribed by the division." Upon reviewing the submitted documentation, it was noted that although preauthorization was obtained, the dates on the authorization are illegible. This prevents verification of whether the disputed services, 97110-GP and 97112-GP, were provided within the authorized period or if the benefit maximum was reached. Therefore, the DWC concludes that, due to insufficient evidence provided by the requester to support the claim for payment, reimbursement cannot be recommended.

3. The division finds that the IC properly reimbursed the requester for the disputed service. Therefore, the division finds that the requester is not entitled to additional reimbursement.

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 of is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 additional reimbursement for the disputed service.

Authorized Signature

_____	_____	<u>October 7, 2025</u>
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.