



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Robert Zuniga, DC

Respondent Name

Insurance Company of the West

MFDR Tracking Number

M4-26-1288-01

Insurance Carrier's Austin Representative

BOX 4 Law Office Of Ricky D Green

DWC Date Received

January 8, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 10, 2025	97110 GP (2)	\$93.00	\$0.00
October 10, 2025	97530 GP (2)	\$124.75	\$0.00
October 10, 2025	97112 GP	\$51.66	\$0.00
October 10, 2025	97124 GP	\$43.78	\$0.00
Total		\$313.19	\$0.00

Requester's Position

"The documents support the submitted procedure codes and are complete: please review the daily therapy & rehabilitation notes: the time is documented. The documentation supports specific exercised performed. It states very clearly type of exercised and duration of time."

Amount In Dispute: \$313.19

Respondent's Position

"The provider was previously advised that specific information was required but did not provide the necessary details such as the number of sets and repetitions, amount of resistance used, duration of holds, and other relevant exercise parameters needed for approval. In review of the submitted Medicare Fee Dispute Resolutions Request no charges were made to the documentation to overturn the two prior submissions for an allowance."

Response Submitted By: ICW Group Insurance Companies

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [134.203](#) sets out the fee guidelines for professional medical services.

Adjustment Reasons

- 251 – CARC – The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim.
- P12 – CARC – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester's position statement supported?
3. Has DWC found the requester is due reimbursement?

Findings

1. The requester is seeking reimbursement in the amount of \$313.19 for physical therapy services provided on October 10, 2025. The insurance carrier responded that, after requesting and reviewing the medical records, "per Nurse Review, the documentation did not support billing." The disputed services will be reviewed in accordance with the applicable DWC Fee Guidelines.
2. 28 TAC 134.203(a)(5) states, Medicare payment policies" when used in this section, shall mean reimbursement methodologies, as set forth in the Centers for Medicare and Medicaid

Services (CMS) payment policies specific to Medicare.

28 TAC Section 134.203(b)(1) states, 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;

The code description, requirements, correct use of code and documentation requirements are shown below.

- 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility. A qualified health care provider is in direct contact with one patient while using techniques specific to therapeutic exercise to one or more body areas to develop strength, endurance, and flexibility. This code requires direct contact by a qualified health care provider with the patient and is reported in 15-minute units.

Medical record documentation should indicate the total amount of time for the direct one-to-one patient contact provided by the therapist,

- 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes. A qualified health care provider uses dynamic therapeutic activities designed to achieve improved functional performance (e.g., lifting, pulling, bending). This code requires direct contact by a qualified health care provider with the patient and is reported in 15-minute units. Code choices could include 97530 (performance of daily activities such as lifting, throwing, reaching)

Medical record documentation should indicate the total amount of time for the direct one-to-one patient contact provided by the therapist,

- 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 qualified health care provider is in direct contact with one patient using neuromuscular techniques to treat one or more body areas that facilitate reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception. This code requires direct contact by a qualified health care provider with the patient and is reported in 15-minute units.

Medical record documentation should indicate the total amount of time for the direct one-to-one patient contact provided by the therapist,

- 97124 - Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion). A health care provider uses massage to provide muscle relaxation, increase localized circulation, soften scar tissue, or mobilize mucous secretions in the lung via tapotement and/or percussion. This code requires direct contact with the health care provider and is

reported in 15-minute units, regardless of the number of body parts treated.

Medical record documentation should indicate the total amount of time for the direct one-to-one patient contact provided by the therapist.

The documentation submitted with this dispute does not identify the individual(s) who provided the required direct one-to-one services. Because each of the billed codes requires direct one-to-one contact and the treating therapist cannot be identified, DWC concludes that the insurance carrier's denial is upheld.

3. Based on the available information for the disputed physical therapy services, the submitted Daily Therapy and Rehabilitation Notes do not meet the documentation requirements of the billed codes. Accordingly, no payment is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented 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 Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 12, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 800-252-7031, option three 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

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