TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

OccuFit - Robert Zuniga, D.C.

Respondent Name

Insurance Company of the West

MFDR Tracking Number

M4-26-1289-01

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 15, 2025	97110 GP (2)	$93.00	$93.00
October 15, 2025	97530 GP (2)	$124.75	$124.75
October 15, 2025	97112 GP	$51.66	$51.66
October 15, 2025	97124 GP	$43.78	$43.78
	Total	$313.19	$313.19

Requester's Position

"Our office received an explanation of review for date of services: 10/15/2025 however, based on explanation codes/ 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. Notes: This code replaces deactivated code W1. 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 exercises performed. It states very clearly type of exercises and duration of time. The

insurance does not give a clear explanation of what is incomplete; approval letter is attached, therapy sessions note with supporting documentation for the billed procedures codes."

Amount In Dispute: $313.19

Respondent's Position

The Austin carrier representative for Insurance Company of the West is Law Office of Ricky D Green. The representative was notified of this medical fee dispute on January 9, 2026.

Per 28 Texas Administrative Code Section 133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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.
3. 28 TAC Section 133.210 sets out the requirements for medical bill processing by insurance carrier.
4. 28 TAC Section 133.240 sets out the procedures for payment, reduction, or denial of a medical bill.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 251 – CARC – The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim.
2. P12 – CARC – Workers' compensation jurisdictional fee schedule adjustment. Notes: This code replaces deactivated code W1.

Issues

1. What is DWC considering in this medical fee dispute?
2. What services are being disputed?
3. Is the insurance carrier's denial reason supported?
4. What rules apply to the services in dispute?
5. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement for CPT Codes 97110-GP, 97112-GP, 97124-GP and 97530-GP rendered on October 15, 2025. The insurance carrier denied the disputed services with denial code 251 stating, "The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim." The disputed services will be reviewed in accordance with the applicable DWC Fee Guidelines.

2. The requester billed the following CPT Codes 97110-GP, 97112-GP, 97124-GP and 97530-GP. 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."
   - CPT Code 97530 - Therapeutic Activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes.
   - CPT Code 97124 - Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) (one or more areas, each 15 minutes).

   The requester appended the "GP" modifier to all of the disputed CPT codes. The "GP" modifier is described as "Services delivered under an outpatient physical therapy plan of care.

3. The insurance carrier denied the disputed services using denial code 251, stating: "The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim."

   28 TAC Section 133.240(f)(17) states in relevant part, "Health care service information for each billed health care service, including: (G) an adjustment reason code that conforms to the standards described in §§133.500 and 133.501 of this title if the total amount paid does not equal the total amount charged; and (H) an explanation of the reason for reduction or denial if an adjustment reason code was included under subparagraph (G), if applicable."

A review of the submitted documentation shows that the insurance carrier did not provide a sufficient explanation for the denial of the disputed services. The carrier also failed to identify which attachment or supporting documentation was incomplete, deficient, or missing. As a result, the provider was not adequately informed of the information necessary to process the claim or resolve the denial.

28 TAC Section 133.210(d) requires that any request for additional documentation to process a medical bill must:

a) be in writing;
b) be specific to the bill or related episode of care;
c) specifically describe the clinical or other information required;
d) be relevant and necessary to resolve the bill;
e) request information contained in, or being incorporated into, the injured employee's medical or billing record maintained by the provider;
f) state the specific reason the information is being requested; and
g) include a copy of the medical bill at issue.

A review of the submitted documentation does not support that the carrier made a request for additional documentation that complied with the requirements of 28 TAC Section 133.210(d). Therefore, the carrier's denial on this basis is not supported.

4. The requester is seeking reimbursement in the amount of $313.19 for physical therapy services listed in finding #2, rendered on October 15, 2025.

Medicare Claims Processing Manual, Chapter 5, Section 10.3.7—effective June 6, 2016, titled Multiple Procedure Payment Reductions for Outpatient Rehabilitation Services, outlines the following policy:

- Full payment is made for the procedure or unit with the highest Practice Expense (PE) payment.
- For subsequent units or procedures with dates of service on or after April 1, 2013, provided to the same patient on the same day, payment is:
    - Full payment for work and malpractice expenses.
    - 50% payment of the PE component for services billed on either professional or institutional claims.

To determine which services are subject to the Multiple Procedure Payment Reduction (MPPR), contractors rank services based on their PE relative value units (RVUs). The service with the highest PE RVU receives 100% payment, while the 50% MPPR is applied to the remaining services.

If multiple services share the highest PE RVU, they are further ranked by the highest total fee schedule amount. The service with the highest fee schedule receives full payment, and the MPPR applies to the rest.

A review of Medicare policies confirms that the MPPR applies to the Practice Expense component of certain time-based physical therapy codes when multiple units or procedures are performed on the same day for the same patient. Medicare publishes an annual list of codes subject to this policy. The DWC finds that CPT Codes 97110, 97112, 97124, 97530 and 97530 are subject to the MPPR policies and are ranked as follows:

CPT Code	Practice Expense
97110	0.43
97112	0.48
97124	0.56
97530	0.62

As shown above, CPT Code 97530 has the highest PE payment amount therefore, Therefore, the first unit of CPT code 97530 will receive full payment, and the reduced PE payment will apply to all subsequent units of timed therapy codes performed on the same date of service.

5. 28 TAC Section 134.203 states in pertinent part, "(c) To determine the 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..."

   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 78504, Rest of Texas.
   - The carrier code for Texas is 4412 and the locality code for Rest of Texas is 99.

CPT Code	Medicare Fee Schedule (1st unit)	MPPR for subsequent units
97110		$21.43
97112		$23.81
97124		$20.18
97530	$33.49	$24.01

   To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

   - The 2025 DWC Conversion Factor is 70.18

- The 2025 Medicare Conversion Factor is 32.3465

Description	Qty	Rate	MAR Amount
97530 MAR – 1st Unit	1	$72.66	$72.66
97530 MAR – Sub. Units	1	$52.09	$52.09
97110	2	$46.50	$93.00
97112	1	$51.66	$51.66
97124	1	$43.78	$43.78
		Total MAR	$313.19

The respondent paid $0.00. DWC finds the recommended reimbursement is $313.19.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 reimbursement for the disputed services. It is ordered that Insurance Company of the West must remit to OccuFit - Robert Zuniga, D.C. $313.19 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	May 26, 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 electronico CompConnection@tdi.texas.gov.