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

General Information

Requester Name

Auto & Work Injury Clinic, LLC

Respondent Name

Key Risk Insurance Co.

MFDR Tracking Number

M4-26-1768-01

Insurance Carrier's Austin Representative

BOX 17 Downs Stanford PC

DWC Date Received

February 11, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 17, 2024	97110-GP	$525.00	$0.00
December 26, 2024	97110-GP	$525.00	$0.00
December 31, 2024	97110-GP	$525.00	$0.00
January 15, 2025	97110-GP	$525.00	$0.00
January 17, 2025	97110-GP	$525.00	$0.00
January 22, 2025	97110-GP	$525.00	$0.00
January 23, 2025	97110-GP	$525.00	$0.00
February 4, 2025	97110-GP	$525.00	$0.00
February 6, 2025	97110-GP	$525.00	$0.00
February 11, 2025	97110-GP	$525.00	$246.73

February 13, 2025	97110-GP	$525.00	$246.73
February 18, 2025	97110-GP	$525.00	$246.73
February 20, 2025	97110-GP	$525.00	$246.73
February 24, 2025	97110-GP	$525.00	$246.73
February 25, 2025	97110-GP	$525.00	$246.73
February 27, 2025	97110-GP	$525.00	$246.73
March 4, 2025	97110-GP	$525.00	$246.73
March 11, 2025	97110-GP	$525.00	$246.73
	Total	$9,450.00	$2,220.57

Requester's Position

"All disputed services correspond to CPT code 97110-GP (therapeutic exercises) and were denied for various reasons by the carrier. However, the patient has valid preauthorization's on file that fully cover the dates of service in dispute."

Amount In Dispute: $9,450.99

Respondent's Position

The Austin carrier representative for Key Risk Insurance Co is Downs Stanford PC. The representative was notified of this medical fee dispute on February 23, 2026.

Per 28 Texas Administrative Code §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.

Adjustment Reasons

- B13 – Previously paid. Payment for claim/service may have been provided in a previous payment.
- 119 – Benefit maximum for this time period or occurrence has been reached.
- 163 – 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.
- B12 – Services not documented in patients' medical records.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What is DWC considering in this medical fee dispute?
2. Are the services in dispute from December 17, 2024 through February 6, 2025 eligible for MFDR?
3. Is the denial of benefit maximum supported?
4. Is the denial for services not documented in patients' medical records supported?
5. What rule is applicable to the fee calculation of code 97110?
6. Has DWC determined whether reimbursement is due to the requester?

Findings

1. The requester submitted a request to MFDR for physical therapy code 97110-GP for dates of service from December 17, 2024 through March 11, 2025 in the amount of $9450.00.

2. For the dates of service December 17, 2024 through February 6, 2025 the following applies. 28 TAC Section 133.307(c)(1) states:

   "Timeliness. A requester shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

   (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

   (B) A request may be filed later than one year after the date(s) of service if:

   (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requester receives the final decision, inclusive of all appeals,

on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requester received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The dates of the service in dispute of December 17, 26, and 31, 2024. January 15, 17, 22, and 23, 2025. February 4, and 6, 2025. The request for medical dispute resolution was received at the Division on February 11, 2025. As the requester did not submit documentation in support of an exemption that applies to filing a request for MFDR, they have waived the right to MFDR for these dates of service.

3. The remaining dates of service were denied stating the benefit maximum had been reached. 28 TAC Section 134.600 (c)(1)(B) and (p)(5)(A) states in pertinent parts, The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care:
(1) listed in subsection (p) or (q) of this section only when the following situations occur: (B) preauthorization of any health care listed in subsection
(p) of this section that was approved prior to providing the health care;
(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;

   Review of the submitted documentation found a MEDINSIGHTS Utilization Review dated December 12, 2024 that authorized 12 visits of physical therapy (97110) beginning November 20, 2024 and ending February 20, 2025. An additional authorization was found for physical therapy (97110) beginning January 23, 2025 and ending April 23, 2025.

   Based on the evidence submitted with this dispute, the Division finds no limits were placed on the number of units associated with the authorized services.

   The carrier's reduction based on benefit maximum is not supported for these dates of service.

4. The services that are eligible for MFDR are.

   - February 11, 13, 18, 20, 24, 25, 27, 2025
   - March 4 and 11, 2025.

Review of the documentation submitted with this claim found for each date of service a document labeled, "Daily Progress Note". 28 TAC 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; correct coding initiatives (CCI) edits; modifiers…

Code 97110 is defined as, 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.

The Daily Progress Note indicates.

- 15 minutes treadmill
- 15 minutes bike
- 30 minutes ROM – Full body
- 15 minutes Strength – Full body

The submitted medical records supports a total of 75 minutes or 5 units. The insurance carrier's denial is not supported nor did the insurance carrier submit a response to MFDR to further detail the reason for this denial.

5. 28 TAC Section 134.203(b)(1) 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 San Antonio, Texas.
   - The carrier code for Texas is 4412 and the locality code for San Antonio is 99.

- The first unit of code 97110 for each date of service receives full reimbursement of $28.00.
- The second through fifth unit receives MPPR reduced rate of $21.43

The following formula represents the calculation of the DWC MAR at Section 134.203 (c)(1)&(2). (DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR.

- 70.18/32.3465 x $28.00 = $60.75
- 70.18/32.3465 x $21.43 = $46.50 x 4 = $185.98
- Total MAR $60.75 + $185.98 = $246.73

6. Review of the information available at the time of this review found the insurance carrier's denials are not supported. The MAR for each date of service is $246.73. The total MAR for dates of service February 11 – 27, 2025 and March 4 – 11, 2025 is $2,220.57. This amount is recommended.

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 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 Key Risk Insurance Co must remit to Auto & Work Injury Clinic, LLC $2,220.57 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

		May 13, 2026
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 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.