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

General Information

Requester Name

Peak Integrated Healthcare

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-26-1817-01

Insurance Carrier's Austin Representative

BOX 15 Downs Stanford PC

DWC Date Received

February 24, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 4, 2025	97110-GP	$377.64	$286.39
November 4, 2025	97112-GP	$16.96	$0.00
November 6, 2025	97110-GP	$377.64	$286.39
November 6, 2025	97112-GP	$16.96	$0.00
November 11, 2025	97110-GP	$377.64	$286.36
November 11, 2025	97112-GP	$16.96	$0.00
November 13, 2025	97110-GP	$377.64	$286.39
November 13, 2025	97112-GP	$16.96	$0.00
November 24, 2025	97110-GP	$377.64	$286.39
November 24, 2025	97112-GP	$16.96	$0.00

November 25, 2025	97110-GP	$377.64	$286.39
November 25, 2025	97112-GP	$16.96	$0.00
November 26, 2025	97110-GP	$377.64	$286.39
November 26, 2025	97112-GP	$16.96	$0.00
December 3, 2025	97110-GP	$377.64	$286.39
December 3, 2025	97112-GP	$16.96	$0.00
December 17, 2025	97110-GP	$377.64	$286.39
December 17, 2025	97112-GP	$16.96	$0.00
December 18, 2025	97110-GP	$377.64	$286.39
December 18, 2025	97112-GP	$16.96	$0.00
	Total	$3946.00	$2863.90

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a copy of a document titled, "Request for Reconsideration" dated January 13, 2026 and February 24, 2026 that states, "After reconsideration we were again denied full payment stating, "Previously paid and stating "Documentation is incomplete or deficient" this is incorrect and all documentation is clear and authorized approval is attached."

Amount In Dispute: $3946.00

Respondent's Position

The Austin carrier representative for Indemnity Insurance Co of North America is Downs & Stanford. The representative was notified of this medical fee dispute on February 25, 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 134.600 sets out the procedures for preauthorization.

Adjustment Reasons

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

- 119/90409 – Benefit maximum for this time period or occurrence has been reached.
- 163 – Clam/service adjusted because the attachment referenced on the claim was not received.
- B12 – Services not documented in patient's medical records.
- 00663 – Reimbursement has been calculated based on the state guidelines.
- 5347 – CV: Documentation on the CMS 1500 or UB04 is not supported by the information in the medical record.
- 88K10/ZK10/247 – A payment or denial has already been recommended for this service.
- B13 – Previously paid payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for this service.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the denial of benefit maximum supported?
3. Is the denial for services not document in patient's medical records supported?

4. What rule is applicable to the calculation of disputed services?

5. Has DWC determined whether reimbursement is due to the requester?

Findings

1. The requester is seeking full reimbursement of code 97110-GP and additional reimbursement of code 97112-GP for dates of service from November 4, 2025 through December 18, 2025 in the amount of $3,946.00. DWC will consider the amount reimbursed for code 97112-GP per the applicable fee guideline and review the denials per the applicable reimbursement guidelines for code 97110-GP.

2. For each date of service in dispute code 97110-GP was 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

   28 TAC Section 134.600 (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 Texas Utilization Reviews from GB Care dated October 9, 2025 that authorized 12 visits of physical therapy (97110) beginning October 14, 2025 and ending January 14, 2026. An additional authorization was found for physical therapy (97110) beginning December 17, 2025 and ending March 17,2025.

   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 the dates of service in dispute for code 97110-GP.

3. Review of the documentation submitted with this claim found for each date of service a document describing physical therapy activities. 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 activities described on this medical documentation specific to (injured worker) are as follows.

- Seated steps under heading "Warmup/Cardio"
- Knee Stretching/ROM under heading "Stretching"
- Ankle Stretching/ROM under heading "Stretching"
- Leg Curl under heading "Strengthening"
- Leg Extension under heading "Strengthening"
- Calf/Toe Raise under heading "Strengthening"
- Squats under heading "Strengthening"
- Total time spent in these activities 85 minutes ÷ 15 = 6 units (rounded up)

The submitted medical records supports a total of 85 minutes or 6 units. The insurance carrier's denial is not supported for code 97110 not being documented in medical documentation. The insurance carrier did not submit a response to MFDR to further detail the reason for this denial.

4. The reimbursement calculation for the disputed services are found in 28 TAC Section 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 Garland, Texas.
- The carrier code for Texas is 4412 and the locality code for Garland (zip code 75043) is 11.
- Code 97110 has a PE of .043 (not the highest) and each unit is reimbursed at MPPR rate of $22.00.
- Code 97112 has a PE of 0.48 (highest). The first unit is reimbursed at full rate of $32.27
- Code 97112 second unit is reimbursed at MPPR rate of $24.45.

DWC Rule 28 TAC Section 134.203 states in pertinent part, (c) To determine the Maximum Allowable Reimbursement (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…

(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 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. In this instance,

- The 2025 DWC Conversion Factor 70.18
- The 2025 CMS Conversion Factor 32.3465
- 70.18/32.3465 x $22.00 = $40.73 x 6 = $286.39
- 70.18/32.3465 x $32.27 = $70.01
- 70.18/32.3465 x $24.24 = $53.05
- Total MAR code 97112 $70.01 + $53.05= $123.06

5. Review of the information available at the time of this review found the insurance carrier's payment of code 97112-GP in the amount of $123.06 is the correct MAR and no additional payment is due for this code.

   The insurance carrier's denial of the six units of code 97110 was not supported and for each date of service the MAR of $286.39 is due to the requester.

   The total recommended amount is $286.39 x ten dates of service = $2863.90.

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 Indemnity Insurance Co of North America must remit to Peak Integrated Healthcare $2,863.90 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

		May 29, 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.