



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Occufit

Respondent Name

National Fire Insurance Co of Hartford

MFDR Tracking Number

M4-25-0181-01

Carrier's Austin Representative

Box Number 57

DWC Date Received

September 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 2, 2023	90791	\$270.00	\$0.00
October 2, 2023	96130	\$125.00	\$0.00
October 2, 2023	96138	\$50.00	\$0.00
October 2, 2023	96139	\$50.00	\$0.00
Total		\$495.00	\$0.00

Requestor's Position

"Psychological evaluation does not require pre-authorization. The evaluation was part of a return to work rehabilitation program..."

Amount in Dispute: \$495.00

Respondent's Position

"At this time, Carrier maintains any and all denials as represented in the attached EORs. Upon receipt of the URA's response, Carrier will supplement."

Response Submitted by: Law Office of Brian J. Judis

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 134.600](#) sets out the requirements of prior authorization.

Denial Reasons

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

- 5125 – Denied as payment not recommended per utilization review.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

Issues

1. Is the requestor's position statement supported?

Findings

1. The requestor is seeking payment of professional medical services rendered in October of 2023 that were denied for lack of prior authorization. The requestor states in their position statement, "Psychological evaluation does not require pre-authorization. The evaluation was part of a return to work rehabilitation program..."

DWC Rule 28 TAC 134.600 (p)(7) states in pertinent parts, "Non-emergency health care requiring preauthorization includes: ...all psychological testing and psychotherapy... **except when any service is part of a preauthorized return-to-work rehabilitation program**;

Review of the submitted documentation and information known to the Division does not support the services are part of a preauthorized return-to-work rehabilitation program. No payment is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been

discussed, it was considered.

DWC finds the requestor has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 12 , 2025
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 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 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 tres o correo electronico CompConnection@tdi.texas.gov.