



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Bricken and Associates DC

Respondent Name

Bryan ISD

MFDR Tracking Number

M4-25-1307-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

February 12, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 29, 2024	90791, 96130, 96131, 96136, and 96137	\$1,770.00	Dismissed
March 21, 2024	90837	\$325.00	
March 28, 2024	90837	\$325.00	
April 4, 2024	90837	\$325.00	
April 11, 2024	90837	\$325.00	
April 17, 2024	90837	\$325.00	
April 25, 2024	90837	\$325.00	
Total		\$3,720.00	\$305.73

Requester's Position

"The claimant suffered a traumatic head injury. Glenn J Bricken, PsyD treated the claimant based on a referral from Dr. Rosiles, treating doctor. Bills were submitted to the Carrier and denied based on the extent of injury. Appeals were maintained. A Benefit Review Conference was held, and it was determined that no extent of injury existed for these bills based on a Designated Doctor Evaluation dated 09/25/24, see attached.

The dispute stems from a technicality involving the Treating Doctor and Network vs Non-Network claim. The claimant had submitted a DWC Form 053 form to change treating doctors in February 2024 prior to our treatment. On 2/22/24 TOI returned the form denying the change because the adjuster's fax number and the treating doctor's license number were missing. The form was resubmitted and on 03/06/2024 TOI advised the claimant that Form 053

was- not required.

The adjuster would not accept the TOI notice that the form was not required. The claimant secured an Attorney. Finally, on 7/12/24 the change of treating doctors was approved by TDI.

All our claims were denied for extent of injury. After the BRC, the adjuster Penny Legalley advised the undersigned that only our claims after 07/12/24 (official change of treating doctor) would be paid. Our initial diagnostic evaluation and the first 6 (six) sessions of psychotherapy are still denied. The undersigned has made multiple attempts to resolve this dispute with the adjuster Penny LeGalley, but she is standing by their decision to not pay these bills based on the treating doctor status (see attached emails)."

Amount in Dispute: \$3,720.00

Respondents' Position

The Austin carrier representative for Bryan ISD is Sedgwick York Risk Services Group. The respondent was notified of this medical fee dispute on February 20, 2025. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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 Medical Fee Disputes resolution.
2. [28 TAC §134.600](#) sets out the guidelines for Preauthorization, Concurrent Utilization Review, and Voluntary Certification of Health Care.
3. [28 TAC §134.203](#) sets out the Medical Fee Guideline for Professional Services.

Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 219-Based on extent of injury
- 197 – Payment is denied – service not authorized.
- 5264 – Payment denied/reduced for absence of precertification/authorization.

Issues

1. Are the dates of service denied due to extent of injury or compensability issues eligible for DWC medical fee dispute resolution?
2. Are the respondent's denial reasons supported for service date April 25, 2024?
3. What rule applies to the reimbursement of the disputed service?

Findings

1. The requester seeks payment for services provided on February 29, 2024 through April 17, 2024. Due to a pending dispute over the extent of the injury, the workers' compensation carrier denied the service(s) in dispute. In accordance with 28 TAC §133.240, the extent of injury denial was presented timely to the requester.

The requester referenced a Benefit Review Conference (BRC) Agreement; however, a copy was not submitted for consideration.

Whether the health care provider treated the conditions agreed upon under that BRC or whether the health care provider treated conditions that were excluded under that BRC is not a question that can be addressed through the MDR process. Specifically, 28 TAC §133.305(b) states that an extent-of-injury dispute shall be resolved prior to the submission of a medical fee dispute.

The DWC concludes that an unresolved extent of injury exists for the services provided February 29, 2024 through April 17, 2024. As a result, this matter is not eligible for adjudication of a medical fee dispute pursuant to 28 TAC §133.307. MFD is not the proper venue for resolution of an extent-of-injury dispute.

The requester is hereby notified that the correct venue for resolution of an extent-of-injury dispute is found at Texas Labor Code Chapter 410 and corresponding 28 TAC §141.1.

To initiate resolution of an extent-of-injury dispute, the requester should complete and file a DWC Form-045, *Request to Schedule, Reschedule, or Cancel a BRC*.

2. The requester seeks payment for procedure code 90837 provided on April 25, 2024. The insurance carrier denied the service in dispute for absence of precertification/authorization.

The following describes CPT code 90837, "Individual outpatient psychotherapy services rendered for 60 minutes. Services represent insight oriented, behavior modifying, supportive, and/or interactive psychotherapy."

28 TAC §134.600 (p)(7) states, "non-emergency health care requiring preauthorization includes... (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program..."

A review of the submitted documentation finds a copy of an approval issued by Sedgwick dated March 18, 2024. The approval contained a start date of March 15, 2024 and an end date of June 14, 2024. The following was preauthorized:

“Specific Request: Individual Psychotherapy 6 visits over 8 weeks.” The requester billed for 6 individual psychotherapy visits between March 21, 2024 through April 25, 2024.

No information was submitted by the respondent to support that the requester exceeded the 6 authorized visits. The division finds that the insurance carrier’s denial is not supported. The requester is therefore entitled to reimbursement for CPT code 90837 rendered on April 25, 2024.

3. The requester seeks payment for CPT code 90837. Rule §134.203 sets out the fee guidelines for the reimbursement of the individual outpatient psychotherapy service.

28 TAC §134.203(c)(1) states, “...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...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 \$53.68...”

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

- Disputed date of service: April 25, 2024.
- The 2024 DWC Conversion Factor is 67.81
- The 2024B Medicare Conversion Factor is 33.2875
- A review of the medical bills finds that the disputed service was rendered in zip code 77380; the Medicare locality is “Rest of Texas.”
- The Medicare Participating amount at this locality is \$150.08.
- Using the above formula, the DWC finds the MAR is \$305.73.
- The requester seeks \$325.00.
- The respondent paid \$0.00.

The division finds that the requester is entitled to reimbursement in the amount of \$305.73, this amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$305.73 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed service. It is ordered that Respondent must remit to Requester \$305.73 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	July 18, 2025
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 §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 electrónico CompConnection@tdi.texas.gov.