



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PHW Southwest

Respondent Name

XL Specialty Insurance Co

MFDR Tracking Number

M4-25-2594-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 19, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 20, 2025	97110	\$225.00	\$0.00
February 21, 2025	97110	\$225.00	\$0.00
February 24, 2025	97110	\$225.00	\$0.00
February 26, 2025	97110	\$225.00	\$0.00
February 27, 2025	97110	\$225.00	\$0.00
March 4, 2025	97110	\$225.00	\$0.00
March 6, 2025	97110	\$225.00	\$0.00
March 11, 2025	97110	\$225.00	\$0.00
March 13, 2025	97110	\$225.00	\$0.00
March 13, 2025	97530	\$112.00	\$0.00
March 13, 2025	97124	\$42.00	\$0.00
Total		\$2,182.00	\$0.00

Requestor's Position

"Creative Risk Solutions did not pay for all CPT 97110 and DOS 03/13/25. I was told that the reconsideration had not been received, and the carrier was unable to locate the claim when it was sent with confirmation from the USPS with proof of timely to support this request."

Amount in Dispute: \$2,182.00

Respondent's Position

The Austin carrier representative for XL Specialty Insurance Co is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on June 23, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the 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 §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 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 reduced or denied the disputed service(s) with the following claim adjustment codes.

- MU (P12) – Physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day.
- ME (P12) – The usual treatment session provided in the home or office setting is 30 to 45 minutes. The medical necessity of services for an unusual length of time must be documented.
- APRV – The Provider's charge were reviewed with consideration of the Payer's UR/Preauthorization Decision(s) governing this Claimant. The listed Allowance reflects the result(s) of their Decision(s) and all applicable Bill Review Decision(s).

Issues

1. Did the requester support prior authorization of services rendered?

Findings

1. The requester is seeking payment of code 97110 for dates of service from February 20, 2025 to

March 13, 2025 and code 97530 and 97124 on March 13, 2025. The insurance carrier denied the claim as exceeding approved treatment time and billed in conjunction with evaluation and management code. The rule applicable to physical therapy treatment is found in DWC 28 TAC §134.600 (p)(5) which states in pertinent part, Non-emergency health care requiring preauthorization includes physical and occupational therapy services...

The submitted explanation of benefits indicated the charges were reviewed in accordance with preauthorization decision. Review of the submitted documentation found insufficient documentation to support the specifics of this preauthorization decision. The requester did not include a copy of this preauthorization in support of the number of services billed during each session.

Based on the lack of documentation to support the services were authorized without limits on the dates of service in dispute, 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 PHW Southwest has not established that reimbursement of \$2,182.00 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

_____	_____	August 26, 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 3 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 3 o correo electrónico CompConnection@tdi.texas.gov.