

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester NameWorkers Clinic Inc.
Daniel Beltran, DC**Respondent Name**

South San Antonio ISD

MFDR Tracking Number

M4-25-2757-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

July 1, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 25, 2025	99214	\$310.00	\$0.00
March 25, 2025	99080-73	\$15.00	\$0.00
Total		\$325.00	\$0.00

Requester's Position

"This letter is to formally appeal the denial of the above-referenced claim, which was rejected with denial code 185-'The rendering provider is not eligible to perform the service billed.' We respectfully request a reconsideration of this denial, as Dr. Daniel Beltran holds a valid and active Texas medical license and is fully qualified to provide the services rendered on the date of service in question. Please find a copy of Dr. Beltran's Texas medical license enclosed with this appeal for your review and verification."

Amount in Dispute: \$325.00

Respondent's Position

"Based on our records, Dr. Beltran was not an approved treating or rendering physician until 5/27/2025, at which time he was approved as a treating physician. The date of service is prior to that date so charges were denied. Copies of the order, bills and EOB's are attached."

Response Submitted by: ESIS

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 \(TAC\) §133.305](#) establishes the procedures for resolving medical disputes.
2. [28 TAC §133.307](#), specifies the procedures for resolving medical fee disputes.
3. [28 TAC §180.22](#), specifies the health care provider roles and responsibilities.
4. [28 TAC §126.9](#) specifies the procedures for choice of treating doctor and liability for payment.

Denial Reasons

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

- 170, 184 – The prescribed/ordering provider is not eligible to prescribe/order the service billed.
- 171, 185 – The rendering provider is not eligible to perform the service billed.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- W3 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Was the insurance carrier's denial of payment for the office visit and DWC-73 report justified?
2. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement for an office visit and a DWC-73 report provided on March 25, 2025. The insurance carrier denied payment, stating that the rendering provider was not authorized to perform the billed services and that the prescribing or ordering provider lacked the authority to do so.

Under 28 TAC §180.22(c)(1), the treating physician is responsible for managing and coordinating all healthcare related to a compensable injury and must approve or recommend any non-emergency care. According to the submitted medical bill, Dr. Daniel Beltran, D.C., is listed as the prescribing provider. However, Dr. Beltran was not the claimant's treating physician at the time of service.

In accordance with 28 TAC §180.22(d) and (e), only physicians acting under referral or consultation from the treating doctor may provide care within the Texas workers' compensation system. There is no documentation showing that Dr. Beltran received a referral from the treating physician, nor is there any evidence that he had independent authority to prescribe or render treatment. Additionally, there is no indication that the services in question were rendered in an emergency. Therefore, responsibility for the claimant's care remained with the treating physician of record at that time, Dr. Raymond Luna.

Furthermore, 28 TAC §126.9(d) requires a formal request to change the treating physician, except in cases where the original provider is deceased, retired, unavailable, or otherwise removed from the approved list. Under §126.9(f), the Division of Workers' Compensation (DWC) must approve such a request within 10 days, and insurers are only obligated to pay for services rendered after the DWC's approval.

Accordingly, the carrier's denial of reimbursement aligns with the applicable rules and statutes.

2. The DWC finds that Dr. Beltran was not designated as the treating physician until May 27, 2025. However, the disputed services were provided on March 25, 2025, prior to the effective date of the treating physician change. There is no documentation confirming a referral from the treating physician or showing that a formal request to change physicians had been submitted and approved by the DWC before the date of service. As a result, the insurance carrier is not responsible for payment of the disputed charges.

Conclusion

This decision is based on the evidence submitted by both the requester and the respondent at the time of adjudication. While not all evidence may be discussed here, it has been reviewed and considered.

The Division of Workers' Compensation finds that the requester has not demonstrated entitlement to reimbursement.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	August 14, 2025 _____ Date
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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 electronico CompConnection@tdi.texas.gov.