



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Methodist Health System

Respondent Name

City of Arlington

MFDR Tracking Number

M4-25-3262-01

Carrier Autin Representative

Box Number 19

DWC Date Received

August 12, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 14, 2024	OCC Therapy	\$151.74	\$0.00

Requester's Position

"Requesting confirmation of auth denial."

Amount in Dispute: \$151.74

Respondent's Position

"Following a thorough review of the claim history and the accompanying documentation, payment is not recommended. Service denied due lack of preauthorization, please see attached Preauthorization Determination Expired 7/5/2024 and Explanation of Review(s)."

Response submitted by: Injury Management Organization

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 §133.305](#) sets out provisions for dispute of medical bills.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.600](#) sets out the fee prior authorization requirements for occupation therapy.

Denial Reasons

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

- 197 – Precertification/authorization/notification/pre-treatment absent.

Issues

1. Is the requester entitled to reimbursement for the services in dispute?

Findings

1. The requester is seeking reimbursement for occupational therapy services provided on August 14, 2024. The insurance carrier denied the services due to a lack of preauthorization.

According to DWC Rule 28 TAC §134.600(p)(5), non-emergency healthcare requiring preauthorization includes physical and occupational therapy services.

A review of the documents submitted by the respondent shows that prior authorization was granted but expired on July 5, 2024. The service date falls after the authorization expiration, and there is insufficient evidence to confirm that an extension was requested or approved.

Therefore, the insurance carrier's denial is supported, and reimbursement cannot be 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 Methodist Mansfield Medical has not established that reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 28, 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 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.