



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

CENTER FOR PAIN RELIEF

**Respondent Name**

FEDEX FREIGHT INC

**MFDR Tracking Number**

M5-26-0407-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

October 10, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 14, 2025	64415-59-LT	\$136.40	\$0.00

### Requester's Position

"The carrier has denied payment of Code 64415 59 LT stating, 'payment adjusted for absence of precert/preauth.' We sent a reconsideration request noting precert/preauth is not required for this procedure. It was requested by the surgeon at the time of the procedure for post operative pain control. Payment is due to this provider for this service. The carrier responded to our request for reconsideration and denied payment for timely filing. According to the original denial this claim was received by the carrier 05/19/2025 - the 95-day timely filing denial for this date of service was 07/18/2025. They obviously received our claim before the filing deadline."

**Amount in dispute:** \$136.40

### Respondent's Position

"The provider claims that preauthorization is not required because preauthorization was requested by the surgeon at the time of the procedure. Thus, the provider's position is that the post operative pain control treatment was covered by the preauthorization approval. However, the provider has failed to attach a copy of the preauthorization approval to support the provider's position. Accordingly, it is the carrier's position that the provider was required to obtain preauthorization, and it failed to provide proof of that preauthorization."

**Response submitted by:** Flahive, Ogden & Latson

## 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](#), effective February 22, 2021, sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out requirements of timely medical bill submission.
3. [28 TAC §134.600](#) sets out the procedures for preauthorization requirements of healthcare services.

### Denial Reasons

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

- 197 - PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.
- 29 - THE TIME LIMIT FOR FILING HAS EXPIRED.
- W3 & 350 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

### Issues

1. Has the requester waived its right to medical fee dispute resolution (MFDR)?
2. Is the requester entitled to reimbursement for the disputed service billed under procedure code 64415-59?

### Findings

1. A review of the submitted explanation of benefits (EOB) finds that upon reconsideration request, the service in dispute was denied due to untimely filing of the medical bill.

28 TAC §133.20 which sets out requirements of timely medical bill submission, states in pertinent part "(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

A review of the submitted EOB dated May 29, 2025, finds that the medical claim in dispute was first received by the insurance carrier on May 19, 2025, less than 95 days after the disputed date of service.

Per the documentation submitted, DWC finds that the requester has not waived its right to MFDR. Therefore, the service in dispute will be reviewed for reimbursement.

2. The requester is seeking reimbursement in the amount of \$136.40 for a pain control procedure performed in an ambulatory surgical center, rendered on April 14, 2025, and billed under CPT code 64415-59-LT.

Procedure code 64415 is described as "Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed." The requester appended the procedure code with modifier "59" to indicate the procedure is a separately identifiable service and with modifier LT to indicate the left anatomical side of the body.

Per the submitted EOB dated May 29, 2025, the disputed procedure was originally denied payment due to absence of preauthorization. In its position statement and in its request for reconsideration, the requester asserts that preauthorization for the service represented by CPT code 64415 was covered under preauthorization for a related surgical procedure performed on the same injured employee on the same date.

28 TAC §134.600 (p) states in pertinent part "(p) Non-emergency health care requiring preauthorization includes: ... (2) outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section;"

A review of the submitted documentation finds no evidence of preauthorization for a related surgical procedure on the disputed date of service. The submitted documentation does not include an operative report to support that a related surgical procedure was performed on the disputed date of service.

For reasons indicated above, DWC finds that the requester is not entitled to reimbursement for disputed CPT code 64415-59-LT, rendered on April 14, 2025.

### 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 not established that reimbursement 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 in the amount of \$0.00.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
November 5, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).