



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Occufit

Respondent Name

Texas Mutual Insurance

MFDR Tracking Number

M4-26-0470-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

October 20, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 24, 2025	96130	\$125.00	\$0.00
March 24, 2025	96138	\$50.00	\$0.00
March 24, 2025	96139	\$50.00	\$0.00
Total		\$225.00	\$0.00

Requester's Position

"The psychological evaluation was used for a return to work program: please see the attached pre-authorization letter authorization #: 6870252 for chronic pain management program (80 hours)."

Amount in Dispute: \$225.00

Respondent's Position

"Per rule 134.600(p)(7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program. Preauthorization for psychological testing would require separate preauthorization in this occurrence as the rehabilitation program had not begun or received preauthorization prior to the psychological testing date of 03/24/2025. The preauthorization for the chronic pain program was not in effect until 03/25/2025."

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.

- CAC-197 – Precertification/authorization/notification absent.
- 930 – Pre-authorization require, reimbursement denied.
- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 891 – No additional payment after reconsideration.

Issues

1. Did the requester support their position statement?

Findings

1. The requester is seeking payment of the following codes billed for date of service March 24, 2025.
 - 96130 – psychological testing, including administering test, interpreting results, creating a treatment plan, and preparing a report minimum of 31 minutes.

- 96138 – technician administering and scoring two or more psychological or neuropsychological tests for the first 30 minutes.
- 96139 – psychological and neuropsychological test administration and scoring by a technician, requiring 30 minutes beyond the initial 30 minutes.

The insurance carrier denied the claim lines for lack of prior authorization. The requester states, "...please see the attached pre-authorization letter authorization #: 6870252 for chronic pain management."

Review of the submitted URA Certification from genex indicates a recommendation to certify chronic pain manage for 80 hours beginning March 25, 2025 and July 23, 2025.

DWC 28 TAC 134.500 (p)(7) states, Non-emergency health care requiring preauthorization includes: all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program;

After reviewing the submitted information, DWC finds the authorization mentioned in the requester's position statement has a start date after the disputed date of service. The insurance carrier's denial for lack of authorization is upheld.

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 \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 29, 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 electrónico CompConnection@tdi.texas.gov.