



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Occufit

Respondent Name

Texas Mutual

MFDR Tracking Number

M4-26-0473-01

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
July 3, 2025	90791	\$270.00	\$270.00
July 3, 2025	96130	\$125.00	\$125.00
July 3, 2025	96138	\$50.00	\$50.00
July 3, 2025	96139	\$50.00	\$50.00
Total		\$495.00	\$495.00

Requester's Position

"Psychological evaluations do not require pre-authorization when used for a return to work program."

Amount in Dispute: \$495.00

Respondent's Position

On 05/27/2025, Occufit received preauthorization (#6959474 attached) for 80 hours of chronic pain management program. That preauthorization was exhausted as of the 06/17/2025 (attached) date of service. As the psychological testing was performed on 07/03/2025, it would require it's own preauthorization as it falls outside the chronic pain management preauthorized hours. Our position is that no payment is due."

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 requirements of prior authorization.
3. [28 TAC §134.203](#) sets out the fee guidelines for professional medical services.

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 required, reimbursement denied.
- 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.
- CAC-197 – Precertification/authorization/notification absent.
- 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 respondent support their position statement?
2. What rule is applicable to reimbursement?
3. Is the requester entitled to payment?

Findings

1. The requester is seeking reimbursement of professional medical services rendered on July 3, 2025. The insurance carrier denied based on lack of authorization. The respondent states in their position statement, "...preauthorization was exhausted as of the 06/17/2025..." Review of the genex Appeal Review #6959474 dated May 27, 2025 found, "**Recommend prospective request for 1 chronic pain management program (80 hours) (CPT 97799) between 5/19/2025 and 9/19/2025 be certified.**"

DWC Rule 134.600 (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;

Based on this review, the denial for lack of authorization is not supported for date of service July 3, 2025 as this date of service is within the certified rehabilitation program. The disputed services will be reviewed per applicable fee guidelines.

2. DWC Rule 28 Texas Administrative Code §134.203(c)(1)(2) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$53.68...

- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment:

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR. In this instance,

- DWC Conversion Factor for 2025 is \$70.18
- Medicare Conversion Factor for 2025 is \$32.3465
- CMS Allowable by Locality and Zip Code (McAllen/Rest of Texas 99/78504)
- 90791 – $70.18/32.3465 \times \$164.52 = \356.95
- 96130 – $70.18/32.3465 \times \$115.47 = \250.53
- 96138 – $70.18/32.3464 \times \$31.79 = \68.97
- 96139 - $70.18/32.3464 \times \$31.79 = \68.97
- Total allowable \$745.42

3. The requester provided professional medical services in July of 2025 that the carrier denied for lack of authorization. However, the submitted documentation indicates at the time of service a certification for pain management services was in effect. The applicable fee guideline was calculated, and the recommended payment amounts reflect the amounts requested by the provider of \$495.00.

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 established that additional 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 services. It is ordered that Texas Mutual Insurance must remit to Occufit \$495.00 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 30, 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.