



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Midland Memorial Hospital

Respondent Name

Starr Indemnity & Liability Co

MFDR Tracking Number

M4-26-0553-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 29, 2025

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|----------------------|-------------------|-------------------|------------|
| January 7 – 30, 2025 | Occupational TX | \$1,217.69 | \$0.00 |

Requester's Position

"Please review for dispute per the attached auth, Thank you."

Amount in Dispute: \$1,217.69

Respondent's Position

"We are attaching a copy of the carriers EOR dated February 26, 2025 and the EOR dated May 23, 2025. Their position is that the provider is not entitled to reimbursement."

Response submitted by: Flahive, Ogden & Latson

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.

- 5284/197 – Payment is denied-service not authorized.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – Bill is a reconsideration or appeal.

Issues

1. Did the requester support authorization of the denied occupational therapy services?

Findings

1. The requester is seeking reimbursement of occupational therapy services rendered in January of 2025. The insurance carrier denied the services as not prior authorized.

The information submitted with this dispute (page 14 of 53) indicates Sedgwick authorized services from December 3, 2024 through February 1, 2025 under Ref# 5848642, for twelve sessions of occupational therapy.

Review of the submitted outpatient rehab notes (page 23 of 53) found the admit date for therapy began December 3, 2024. Plan of care (page 27 of 53) found, Recommended Treatment Frequency and Duration 2x a week for 6-8 weeks.

DWC Rule 28 TAC §134.600 (p)(5) states, Non-emergency health care requiring preauthorization includes: physical and occupational therapy services,

Review of the submitted documentation supports authorization given for twelve sessions of occupational therapy. However, since the documentation support sessions began on December 3, 2024, there is insufficient evidence to support that on the dates of service in January 2025 the authorized twelve sessions had not been fully utilized. No payment is 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 requester has not established that additional reimbursement is due.

Order

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

Authorized Signature

| | | |
|-----------|--|-------------------|
| | | November 20, 2025 |
| Signature | Medical Fee Dispute Resolution Officer | 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.