



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

ACE AMERICAN INSURANCE CO

MFDR Tracking Number

M4-26-0743-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

November 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 1, 2024	Code 97750-GP	\$557.52	\$0.00

Requester's Position

"This bill was denied for 'This is not an accepted workers compensation claim', this is incorrect. Please find the attached Decision and Order stating the claimant sustained a compensable injury..."

Amount in Dispute: \$557.52

Respondent's Position

"This bill for DOS 08/01/2024 will not be reviewed as this dispute has been submitted past the timely filing deadline per Rule 133.307: A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute. The MFDR was filed on 11/14/2025 which is greater than time allotted."

Response Submitted by: Helmsman Management Services LLC

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 \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 5878 – This is not an accepted workers' compensation claim
- 193 – Original payment decision is being maintained. Upon review that this claim was processed properly

Issues

1. Is the workers' compensation insurance carrier's denial based on the compensability supported by the evidence?
2. Did the requester submit the disputed medical fee within the one-year filing deadline?

Findings

1. The requester seeks reimbursement for medical services rendered on August 1, 2024. The workers' compensation carrier denied payment on the grounds of an unresolved dispute regarding the compensability of the claim.

According to 28 TAC §133.305(b), if a dispute over the compensability exists for the same service involved in a medical fee dispute, that issue must be resolved before the fee dispute can be addressed. Additionally, 28 TAC §133.307(d)(2)(H) requires the insurance carrier to provide evidence that a Plain Language Notice (PLN) regarding the disputed injury conditions was filed and sent to the requester, or that the requester had actual notice of the PLN prior to submitting the fee dispute.

A review of the documentation indicates the respondent failed to provide sufficient evidence demonstrating that a PLN was filed or communicated to the requester. There is also no documentation establishing that the requester had prior notice of the PLN.

Accordingly, the documentation does not support the existence of an unresolved compensability issue for the service in question. Therefore, the dispute is reviewed under the applicable rules and guidelines.

2. The requester is seeking reimbursement in the amount of \$557.52 for services provided on August 1, 2024. The Division of Workers' Compensation received the medical fee dispute on November 14, 2025. Since the dispute does not involve unresolved issues regarding compensability, the requester was required to file the medical fee dispute within one year after the date(s) of service.

Under 28 TAC §133.307(c)(1), a medical fee dispute must be filed within one year of the date of service unless one of the following exceptions applies:

- A related dispute concerning compensability, extent of injury, or liability exists; or
- A dispute over medical necessity has been filed.

If either exception applies, the medical fee dispute must be filed within 60 days after receiving the final decision on that issue.

3. In this case, the request for medical fee dispute resolution was received more than one year after the date of service. A review of the available documentation found no evidence that any of the exceptions under §133.307(c)(1)(B) applied.

Therefore, the Division concludes that the requester did not file the dispute within the required timeframe and has thus waived the right to medical fee dispute resolution.

Conclusion

The decision in this medical fee dispute is based on the evidence submitted by both parties at the time of adjudication. While not all evidence is explicitly discussed, it was reviewed and considered.

The Division finds that the documentation does not establish the existence of an unresolved compensability and that the requester failed to submit the dispute within the required one-year deadline. As a result, the requester has not demonstrated entitlement to reimbursement, and the dispute is resolved in favor of the respondent.

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

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Medical Fee Dispute Resolution Officer

December 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. 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, 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.