



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Nueva Vida Behavioral Health

Respondent Name

Starr Indemnity & Liability Co

MFDR Tracking Number

M4-26-0771-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

November 18, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 25, 2025	99203	\$350.00	\$0.00
Total		\$350.00	\$0.00

Requester's Position

"The consultation for psychotropic medication does not require preauthorization."

Amount In Dispute: \$350.00

Respondent's Position

"The provider's medical bill was denied. Specifically, the provider is not the treating doctor and yet, the provider has failed to obtain a referral from the treating doctor for the visit. If there had been a referral from the treating doctor, the provider would have completed box 17 on his CMS 1500.

"The treating doctor is responsible for the claimant's health care. All referrals should be made through the treating doctor. Except in an emergency, all healthcare must be approved or recommended by the employees treating doctor. See Section 408.021(c) of the Texas Labor Code. Yet in this case, it does not appear that the provider was referred into the case by the treating doctor. As a consequence, the provider is not in title to reimbursement."

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC Section 133.305](#) established procedures for resolving medical disputes
3. [28 TAC Section 126.9](#) out the procedures for Choice of Treating Doctor and Liability for Payment.
4. [28 TAC Section 180.22](#) sets out the Health Care Provider Roles and Responsibilities.
5. [Section 408.021](#) entitlement to medical benefits.
6. [28 TAC Section 141.1](#) provides the framework for dispute resolution and benefit review conferences.

Adjustment Reasons

1. 1014 –The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
2. W3 – Bill is a reconsideration or appeal.
3. 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
4. 193 – Original payment decision is being maintained. Upon review, it was determined that this time claim was processed properly.
5. 5264 – Payment is denied-service not authorized.
6. 197 – Payment denied/reduced for absence of precertification/authorization.P8 – Claim is under investigation

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial of payment justified?
3. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement in the amount of \$350.00 for an office visit billed under CPT code 99203 and rendered on March 25, 2025. Although the requester listed the "Amount in Dispute" as \$150.00 on the Table of Disputed Services, this appears to be a

typographical error. The total amount sought is consistently documented as \$350.00, and both the medical bills and EOBs reflect this amount. Accordingly, \$350.00 is the amount considered in this review.

2. The insurance carrier denied the disputed services as medical provider not authorized.

Under Section 408.021 (c), "Except in an emergency, all health care must be approved or recommended by the employee's treating doctor".

Under 28 TAC Section 180.22(c)(1), the treating physician is responsible for managing and coordinating all healthcare related to a compensable injury and must approve or recommend any non-emergency care.

According to the submitted medical documentation and information known to the division, Rebecca Schwartzberg, PhD., obtained preauthorization for the services in dispute. A review of the medical bill, box17, which should contain the name of the referring provider or other source was left blank.

A review of the DWC records indicates that Dr. Rebecca Schwartzberg, PhD, is not listed as the claimant's treating physician. The provider who rendered the services in dispute is Geoffrey Gonzales, PMHNP, BC. No documentation has been submitted to demonstrate that the injured employee's treating physician referred the claimant to Geoffrey Gonzales, PMHNP, BC for the services in question.

Pursuant to 28 TAC Section 180.22(d) and (e), only physicians acting under referral or consultation from the treating physician are authorized to provide care within the Texas workers' compensation system. There is no evidence that Dr. Schwartzberg received a referral from the treating physician, nor is there documentation showing she had independent authority to prescribe or administer treatment. Furthermore, there is no indication that the services at issue were provided in an emergency situation.

3. The Division of Workers' Compensation (DWC) determined that Dr. Schwartzberg was not designated as the treating physician at the time the referral for the disputed services at Nueva Vida Behavioral Health Associates, Inc. was made. There is no documentation verifying a referral from the treating physician or indicating that a formal request to change physicians had been submitted and approved by the DWC prior to the date of service. Consequently, the insurance carrier is not responsible for payment of the disputed charges, and responsibility for the claimant's care remains with the treating physician of record.

Additionally, 28 TAC Section 126.9(d) requires a formal request to change the treating physician, except in situations where the original provider is deceased, retired, unavailable, or otherwise removed from the approved list. Under 28 TAC Section 126.9(f), the DWC must approve such requests within 10 days, and insurers are only obligated to pay for services

rendered after DWC approval. Therefore, the carrier's denial of reimbursement is consistent with the applicable rules and regulations. Accordingly, the requester is not entitled to reimbursement for the services in dispute.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented 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 Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	February 11, 2026
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 Section [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 800-252-7031, option three 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 this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.