



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Austin Hand Group PLLC

Respondent Name

TX Public School WC Project

MFDR Tracking Number

M4-26-0875-01

Insurance Carrier's Austin Representative

BOX 18 Creative Risk

DWC Date Received

November 20, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
August 1, 2025	11012	\$1254.27	\$0.00
August 1, 2025	1313.59	\$1066.89	\$0.00
Total		\$2321.16	\$0.00

Requester's Position

"...every effort was made to get permission to proceed with treating the injury worker appropriately and at the time of service documenting what occurred."

Amount In Dispute: \$2,321.16

Respondent's Position

...Therefore, because the billed CPT codes were not preauthorized and no regulatory exception applies, denial codes 197 (absence of precertification/authorization) and 284 (authorization number valid but not applicable to the billed services) are appropriate. In short, the submitted documentation does not support payment for CPT 11012 or CPT 13131."

Response Submitted By: Creative Risk Funding

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 [134.600](#) sets out the requirements of prior authorization.

Adjustment Reasons

1. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
2. 197 – Payment denied/reduced for absence of precertification/authorization.
3. 284 – Precertification/authorization/notification/pre-treatment number may be valid but does not apply to the billed services.
4. W3 – Reconsideration/Appeal

Issues

1. What is DWC considering in this medical fee dispute?
2. Are the requirements of a prior authorization request supported?
3. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking payment of professional medical services rendered on August 1, 2025 in an ambulatory surgical center in the amount of \$2,321.16. The insurance carrier denied the services as required prior authorization was not received.
2. 28 TAC Section 134.600(f)(2) states, The requestor or injured employee shall request and obtain preauthorization from the insurance carrier prior to providing or receiving health care listed in subsection (p) of this section. (2) specific health care listed in subsection (p) or (q) of this section.

Review of the submitted documentation found IMO approval notification dated July 29, 2025 that states, "IMO has preauthorized medical necessity for Closed Reduction Internal Fixation and Open Reduction Internal Fixation of (redacted) with Debridement of Open Fracture to be done on an Outpatient basis from July 29, 2025 to 09/30/2025. The codes associated with this authorization were 11044 and 26756. These codes are also found on the requesters authorization request form dated July 25, 2025.

Review of the submitted medical bill indicates code 11012 and 13131 -59 were submitted

and adjudicated by the carrier. The requester has not supported the specific codes that appear on the medical bill had been sent for authorization.

3. Based on the information available at the time of this review and governing rules associated with outpatient surgical procedures requirement of prior authorization of the specific services rendered, the services submitted on the medical bill (11012 and 13131 -59) were not authorized. The insurance carrier's denial is supported. No payment is recommended.

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

Signature

Medical Fee Dispute Resolution Officer

February 12, 2026

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.