



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

PRECISION SPINE & PAIN
MANAGEMENT

Respondent Name

CITY OF SAN ANTONIO

MFDR Tracking Number

M4-26-0994-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 1, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 19, 2024	99213	\$187.71	\$0.00

Requester's Position

"I am requesting a Reconsideration for the date of service 08/19/2024. The bill for 08/19/2024 for \$456.00 was originally faxed on 09/03/24 and 2 other times. I will enclose a copy of the faxes cover sheets confirming receipt of the bill. I understand that the case was taken over by SEDGWICK on 10/01/2024, that would make you CCMSI responsible for this Bill with date of service of 08/19/2024. I have also enclosed a copy of the denial from Sedgwick, Please review and process the Bill."

Amount in Dispute: \$187.71

Respondent's Position

"Date of service 08/19/2024 is past the timely filing for MDR per Division Rule 133.3079c [sic] (Request For medical fee dispute resolution must be filed 'no later than one year after the date(s) of service in dispute') MDR received date submitted to TPA 12/05/2025. Therefore, The Division does not have jurisdiction over the dispute, and it must dismiss the request for resolution for dates of service 08/19/2024."

Response Submitted by: Injury Management Organization Inc

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:

- BT975 – No additional allowance is recommended
- TX193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly
- BTIMO10 – Appeal procedure not followed

Issues

1. Is the requester eligible for DWC medical fee dispute resolution for the services in question?

Findings

1. The requester is seeking reimbursement for an office visit billed under CPT code 99213 provided on August 19, 2024. According to 28 Texas Administrative Code (TAC) §133.307(c)(1), a request for Medical Fee Dispute Resolution (MFDR) must be submitted no later than one year after the date of the disputed service, except in certain limited circumstances outlined in subsection (B) of the same provision.

Specifically, 28 TAC §133.307(c)(1)(B) allows for a later filing if one of the following conditions applies:

- (i) A related dispute concerning compensability, extent of injury, or liability under Labor Code Chapter 410 has been filed. In such cases, the medical fee dispute must be submitted within 60 days after the requester receives the final decision on compensability, extent of injury, or liability, including all appeals.
- (ii) A dispute regarding medical necessity has been filed. Here, the medical fee dispute must be filed within 60 days after the requester receives the final decision on medical necessity, including all appeals, for the specific health care services in question that were previously denied by the insurance carrier based on medical necessity.
- (iii) The dispute arises from a refund notice issued following a division audit or review. In this situation, the medical fee dispute must be filed within 60 days after the requester receives the refund notice.

In this case, CPT code 99213 was provided on August 19, 2024. The Division received the Medical Fee Dispute Resolution (MFDR) request on December 1, 2025, which is more than one year after the date of service. Upon review of the documentation submitted, there is no indication that the dispute falls within any of the exceptions outlined in 28 TAC §133.307(c)(1)(B). Therefore, the requester was required to file the MFDR request no later than one year from the date of service and has consequently waived the right to MFDR consideration.

The Division finds that the requester has not established that reimbursement is due.

Conclusion

The Division concludes that the requester failed to file the MFDR request within the required timeframe and has consequently waived the right to pursue Medical Fee Dispute Resolution for this claim.

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.

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

[Redacted Signature]

Signature

[Redacted Name]

Medical Fee Dispute Resolution Officer

December 19, 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.