



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Dr Glenn J Bricken

**Respondent Name**

Standard Fire Insurance Co

**MFDR Tracking Number**

M4-26-1077-01

**Carrier's Austin Representative**

Box Number 05

**DWC Date Received**

December 12, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 18, 2025	90837	\$375.00	\$0.00

### Requester's Position

"Please accept this letter as a supplement to Form DWC060 Medical Fee Dispute Request. This bill was uploaded timely to the Carrier and denied based on "the time limit for filing has expired.", and "missing documentation.". Request for reconsideration was denied."

**Amount in Dispute:** \$375.00

### Respondent's Position

"The Provider contends they are entitled to reimbursement. The Carrier denied reimbursement based on a lack of supporting documentation. No documentation was submitted to support an hour-long therapy session. The only documentation submitted was an intake checklist. The documentation does not substantiate the billed services."

**Response submitted by:** Travelers

### 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 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.210](#) defines medical documentation.

## Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- N735 – Adjustment without review of medica/dental records because the requested records were not received or were not received timely.
- 29 – The time limit for filing has expired.
- 4271 – Per TX Labor Code Sec. 408.027, Providers must submit bills to payors within 95 days of the date of service.
- W3 – Bill is a reconsideration or appeal.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- N706- Missing documentation.
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 5754 – Payment adjusted because requested information was not provided or was insufficient/incomplete.
- 5756 – The documentation that was received does not provide enough detailed information to determined the appropriateness of the billed service/procedure.

## Issues

1. Is the respondent's denial supported?

## Findings

1. The requestor is seeking reimbursement of professional medical service rendered on June 18, 2025. The insurance carrier denied the claim for missing/insufficient documentation. DWC Rule 28 TAC §133.210 (a) states, Medical documentation includes all medical reports and records,

such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results.

The information submitted did not include how the patient's condition was treated, or how the patient benefited from the treatment in reaching their goal. The insurance carrier's denial is supported. 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 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
January 8, 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 §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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).