



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Nueva Vida Behavioral Health Associates

Respondent Name

United Wisconsin Insurance Co

MFDR Tracking Number

M4-26-1145-01

Insurance Carrier's Austin Representative

BOX 6 Stone Loughlin & Swanson LLP

DWC Date Received

December 11, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 25, 2025	97799-CP	\$700.00	\$0.00
February 26, 2025	97799-CP	\$600.00	\$0.00
February 27, 2025	97799-CP	\$600.00	\$0.00
March 3, 2025	97799-CP	\$600.00	\$0.00
March 4, 2025	97799-CP	\$300.00	\$0.00
Total		\$2,800.00	\$0.00

Requester's Position

"The initial submission for the attached claim pertaining to the above dates of service was initially faxed on April 3, 2025 at 10:53am. The Communication Result Report clearly indicates 13 pages were sent successfully (Result OK). Our initial bill submission for dates of service 2/25/25-3/4/25, were faxed within the 95-day timely filing period for claim submission."

Amount In Dispute: \$2,800.00

Respondent's Position

"We have received a request for medical fee dispute resolution for the date of service 2/25/25-3/4/25 in the amount of \$4200.00. We are upholding our original denial due to service denied as the time for filing had expired. The original bill was received on 6/16/25, and was beyond the 95 day filing deadline."

Response Submitted By: COMPiQ

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 [102.4](#) details the general rules for non-division communication.
3. 28 TAC Section [133.20](#) sets out requirements for medical bill submission.
4. Texas Labor Code [408.0272](#) sets out the workers compensation timely billing and exceptions.

Adjustment Reasons

- 222 – Charge exceeds Fee Schedule allowance
- 437 – Chronic Pain Management Program
- 29 – The time limit for filing has expired.
- P12 – Workers compensation jurisdictional fee schedule adjustment.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support timely submission of medical claim?

Findings

1. The requester is seeking reimbursement for code 97799-CP (Chronic Pain Management). The Carrier denied the medical bills as not submitted within 95 days. The amount in dispute as listed on the submitted DWC060 is \$4,200.00.
2. 28 TAC Section 102.4(h) states, Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:
 1. the date received if sent by fax, personal delivery, or electronic transmission; or

2. the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

DWC Rule 28 TAC Section 133.20(b) states in pertinent part,

- b. Except as provided in Labor Code Section 408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code 408.0272. (b) states in pertinent part,

- b. Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

- (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
- (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
- (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found the requester submitted a transmission verification report dated April 3, 2025 that indicates a fax of 13 pages to 512-936-1792.

Review of the information known to the Division does not show this fax number is related to the carrier Next Level Admin / Comp IQ.

Additionally, the submitted documentation indicates on June 13, 2025 the requester submitted a fax of 14 pages to 505-212-6901.

The carrier submitted an explanation of benefits that indicates a claim was received on June 16, 2025.

Therefore, DWC finds the greater weight of evidence indicates for dates of service February 25, 26, 27, 2025 and March 3, 4, 2025 was not submitted within 95 days of the dates of service on April 3, 2025.

Additionally, there is insufficient information to support any of the exceptions described above. 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

_____	_____	January 14, 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.