



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

REHAB THERAPY RESOURCES

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-26-1529-01

Insurance Carrier's Austin Representative

BOX 45 State Of Texas

DWC Date Received

January 23, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 2, 2024	90837	\$325.00	\$0.00
December 10, 2024	90837	\$325.00	\$0.00
December 19, 2024	90837	\$325.00	\$0.00
December 26, 2024	90837	\$325.00	\$0.00
Total		\$1,300.00	\$0.00

Requester's Position

"Attached is a bill for the above stated patient/DOS for a total charge amount of \$1,300.00. This bill has been denied (again) due to lack of preauthorization. A copy of the PREAUTH LETTER is attached..."

Amount In Dispute: \$\$1,300.00

Respondent's Position

"Furthermore, the Office respectfully requests that this dispute be dismissed as it is not eligible for Medical Fee Dispute Resolution. The dispute was not filed within one year from the dates of service of 12/2/24-12/6/24 under 28 TAC §133.307 (c)(1), as the Division's date stamp shows the dispute was received on 1/23/2026

Response Submitted By: State Office of Risk Management

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](#) sets out the procedures for resolving medical disputes.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 197 – Payment deemed/reduced for absence of precertification/preauthorization
2. 18 – Exact duplicate claim/service

Issues

1. What is DWC considering in this medical fee dispute?
2. Was this request for medical fee dispute resolution submitted timely?

Findings

1. Review of the submitted documentation provided finds the requester is seeking reimbursement in the amount of \$1,300.00 for dates of service December 2, 2024; December 10, 2024; December 19, 2024 and December 26, 2024. Service billed code is 90837; insurance carrier made \$0.00 reimbursement with the following denial reasons listed above.
2. 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, code 90837 was provided on December 2, 2024; December 10, 2024; December 19, 2024 and December 26, 2024. The Division received the MFDR request on January 23, 2026, which is more than one year after the date(s) of service. Upon review of the documentation provided, there is no indication that the dispute falls within any of the exceptions described in 28 TAC 133.307(c)(1)(B).

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

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. [Click or tap here to enter text.](#)

Authorized Signature



Sig



Medical Fee Dispute Resolution Officer

February 27, 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.