



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

Nueva Vida Behavioral Health Associates

**Respondent Name**

Dallas County Community College

**MFDR Tracking Number**

M4-26-1540-01

**Insurance Carrier's Austin Representative**

BOX 17 Downs Stanford PC

**DWC Date Received**

January 28, 2026

## Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 3, 2025	90792	\$350.00	\$0.00
<b>Total</b>		<b>\$350.00</b>	<b>\$0.00</b>

## Requester's Position

The requester submitted a copy of a reconsideration dated November 10, 2025 that states, "Please review the attached claim, Explanation of Benefits, and supporting documentation and reconsider for payment. Reason for denial was "NO PREAUTH".

**Amount In Dispute:** \$350.00

## Respondent's Position

"The requestor completed a psychiatric evaluation of the injured worker on 5/1/2025. However, the requestor failed to request preauthorization for the treatment. Texas Administrative Code 134.600(p)(7) indicates that "all psychological testing and psychotherapy, repeat interviews. And biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program:" requires preauthorization. It is our position that the requestor failed to request the proper preauthorization and no reimbursement is due."

**Response Submitted By:** Claims Administrative Services, Inc.

## **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 requirements of prior authorization.

### Adjustment Reasons

- 397 – Precertification/authorization/notification/pre-treatment absent.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 721 – Per Rule 134.600 of the Texas Administrative Code, this procedure requires preauthorization, preauthorization not obtained.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Does the service in dispute require prior authorization?
3. Has DWC determined whether reimbursement is due?

### Findings

1. The requester is seeking reimbursement of code 90792 – Psychiatric diagnostic evaluation with medical services in the amount of \$350.00 for date of service May 3, 2025. The insurance carrier denied the claim for lack of prior authorization.
2. 28 TAC 134.600(p)(7) states, Non-emergency health care requiring preauthorization includes (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program;

Review of the information available at the time of this review found insufficient evidence to support the required prior authorization was obtained or that the disputed service was part of a return-to-work program.

3. The services rendered on May 3, 2025 required prior authorization. Insufficient evidence

found to support an authorization was obtained. 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**

_____	_____	February 26, 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](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 800-252-7031, option three 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 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](mailto:CompConnection@tdi.texas.gov).