



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Pride

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-26-1983-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

March 17, 2026

Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|--------------------|-------------------|-------------------|---------------|
| November 6, 2025 | 90791 | \$365.63 | \$0.00 |
| November 6, 2025 | 97750-GP-FC | \$874.08 | \$0.00 |
| November 10, 2025 | 97162-GP | \$214.24 | \$0.00 |
| November 10, 2025 | 99213 | \$193.82 | \$0.00 |
| Total | | \$1,647.77 | \$0.00 |

Requester's Position

"Reimbursement should be recommended as medical necessary/appropriateness was substantiated per utilization review. A payment of zero is not the workers' compensation jurisdictional fee schedule adjustment."

Amount In Dispute: \$1,647.77

Respondent's Position

"We are attaching a copy of the carriers EORs dated January 1, 2026, January 5, 2026, March 1, 2026 and March 2, 2026. Those EORs set out the carrier's position. The carrier's current position is consistent with the EOR denial language."

Response Submitted By: Flahive, Ogden & Latson

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 [133.20](#) sets out the requirements for medical bill submission.
3. 28 TAC [134.600](#) sets out the requirements of prior authorization.
4. 28 TAC Section [102.4](#) details the general rules for non-division communication.
5. Labor Code Section [408.0272](#) sets out workers' compensation guidelines for timely billing and exceptions.

Adjustment Reasons

- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- 197 – Payment denied/reduced for absence of precertification/authorization.
- 29 – The time limit for filing claim/bill has expired.
- 4271 – Per TX Labor Code Sec. 408.027, Providers must submit bills to payors within 95 days of the date of service.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the denial for lack of prior authorization supported?
3. Is the denials for non-timely claim submission supported?

Findings

1. The requester is seeking reimbursement of professional medical services rendered in November of 2025 in the amount of \$1,647.77.

2. Review of the explanation of benefits (EOB) printed March 12, 2026 indicates service denied for lack of prior authorization. 28 TAC 134.600 (p)(7) states, Non-emergency health care requiring preauthorization includes: 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 submitted documents did find sufficient evidence to support the code 90791-Psychiatric diagnostic evaluation, was prior authorized or part of a preauthorized return-to-work rehabilitation program. The insurance carrier's denial is supported.

3. Dates of service November 6, 2025 for code 97750-GP-FC, November 10, 2025 for codes 97162-GP and 99213 were denied as not being submitted within 95 days of the date of service. The DWC rules applicable to timely claim submission are found in 28 TAC Section 102.4 (h) 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.

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

- (b) Except as provided in Labor Code §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 Section 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 did not submit any evidence of timely claim submission. The greater weight of evidence found the EOB printed March 12,

2026 indicates the November 6, 2025 medical bill for 97750 and November 10, 2025 medical bills for 97162 and 99213 were received by the vendor on February 24, 2026. This date is beyond 95 days of the date of service. The insurance carrier's denial is supported.

3. Based on the information available at the time of this review, DWC finds there is insufficient information to support any of the exceptions described above and the requester did not support the required prior authorization was received for the psychiatric diagnostic evaluation. No payment is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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

Signature

Medical Fee Dispute Resolution Officer

April 14, 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.