



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Prime Healthcare Services

**Respondent Name**

Lewisville ISD

**MFDR Tracking Number**

M4-26-2016-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

March 19, 2026

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
June 3, 2025	97165	\$219.85	\$0.00
June 3, 2025	97140	\$87.34	\$0.00
June 19, 2025	97110	\$217.96	\$0.00
June 19, 2025	97140	\$87.34	\$0.00
June 24, 2025	97110	\$217.96	\$0.00
June 24, 2025	97140	\$87.34	\$0.00
<b>Total</b>		\$612.49 (\$917.79)	\$0.00

### Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Reconsideration" dated March 9, 2026 that states, "We submitted all required documentation, including the billing and medical reports, to your company within the timeframe stipulated by law and industry standards".

**Amount In Dispute:** \$612.49

## **Respondent's Position**

"These services were denied as a result of untimely filing. We don't have a reconsideration on file. ...There appears to be no supporting documentation to indicate timely submission. The original bill was received on 9/10/2025 – 100 days after the date of service. It is our position that 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 [133.20](#) sets out the requirements for medical bill submission.
3. 28 TAC [134.600](#) sets out the requirements of prior authorization.

### Adjustment Reasons

- 197 – Precertification/authorization/notification/pre-treatment absent.
- 29 – The time limit for filing has expired.
- 719 – Per Rule 133.20, a medical bill shall not be submitted later than the 95<sup>th</sup> day after the date of service.
- 721 – Per Rule 134.600 of the Texas Administrative Code, this procedure requires preauthorization, preauthorization not obtained.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support timely submission of the medical bill?
3. Did the requester support prior authorization was obtained?
4. Has DWC determined whether the requester is due reimbursement?

### Findings

1. The requester is seeking reimbursement of occupational therapy services rendered in June of 2025.

2. The insurance carrier denied the disputed services for untimely filing and lack of prior authorization. Under 28 TAC Section 133.20(b), a health care provider must submit a medical bill no later than the 95th day after the date of service.

The explanation of benefits indicates the bill was received on September 10, 2025. For the June 3, 2025 date of service (codes 97165-GO and 97140-GO), insufficient documentation was provided to demonstrate compliance with the 95-day filing requirement; therefore, the denial is supported. However, for the dates of service June 19, 2025 (codes 97110-GO and 97140-GO) and June 24, 2025 (codes 97110-GO and 97140-GO), the denial on this basis is not supported.

3. Pursuant to 28 TAC Section 134.600(p)(5), non-emergency health care requiring preauthorization includes physical and occupational therapy services. A review of the submitted documentation for this MFDR request found insufficient evidence to establish that the services rendered on June 19, 2025 and June 24, 2025 (codes 97110-GO and 97140-GO) were prior authorized. Accordingly, the insurance carrier's denial on this basis is supported.
4. Based on the information available at the time of this review, DWC finds that the denial for untimely claim submission is supported for the June 3, 2025 date of service. Additionally, the denial based on lack of prior authorization for June 19, 2025 and June 24, 2025 dates of service (codes 97110-GO and 97140-GO) is supported. Accordingly, the requester is not entitled to reimbursement for the disputed services.

### 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 23, 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](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).