



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Pride

**Respondent Name**

American Interstate Insurance Company

**MFDR Tracking Number**

M4-26-2155-01

**Insurance Carrier's Austin Representative**

BOX 47 Burns Anderson Jury Brenner & Donovan

**DWC Date Received**

April 1, 2026

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 2, 2025	97750-GO-FC	\$1,019.76	\$0.00
<b>Total</b>		<b>\$1,019.76</b>	<b>\$0.00</b>

### Requester's Position

"Please reconsider the enclosed explanation of benefits for the following current procedural terminology code. 97750 physical performance test or measurement of musculoskeletal function and the FC modifier is for functional capacity."

**Amount In Dispute:** \$1,019.76

### Respondent's Position

"AMERISAFE Risk Services Inc. received the MDR associated with the bill referenced above. This letter serves as formal notice that we are upholding the denial of the claim in accordance with TDI's timely filing regulations."

**Response Submitted By:** AMERISAFE

## 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 the requirements for medical bill submission.
4. Labor Code Section [408.0272](#) sets out workers' compensation guidelines for timely billing and exceptions.

### Adjustment Reasons

- 29 – The time limit for filing has expired.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- P13 – Payment reduce or denied based on workers' compensation jurisdictional regulations or payment policies.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Has the requester supported timely submission of the medical bill in dispute?

### Findings

1. The requester seeks reimbursement of a functional capacity evaluation rendered on September 2, 2025 in the amount of \$1,019.76.
2. 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 submitted a copy of faxes submitted on October 2, 2025 and November 20, 2025 to (724) 745-6960. Also included was a fax transmission to 337-460-3343 on January 8, 2026.

The respondent indicates, "...724-745-6960, which is not our designated fax number."

The greater weight of evidence found the date received on the explanation of benefits indicates a date received of January 5, 2026 and January 9, 2026. These dates are beyond 95 days from the date of service.

3. DWC finds there is insufficient information to support any of the exceptions described above and submitted documentation does not support timely submission of the medical bill. 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 additional reimbursement for the disputed services.

## Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
April 24, 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).