TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Source One Medical

Respondent Name

City of Dallas

MFDR Tracking Number

M4-26-2242-01

Insurance Carrier's Austin Representative

BOX 53 Hoffman Kelley LLP

DWC Date Received

April 7, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
August 30, 2024	97140, 97110 and 97161	$600.00	$0.00
September 4, 2024	97110 and 97140	$400.00	$0.00
September 6, 2024	97110 and 97140	$400.00	$0.00
September 9, 2024	97110 and 97140	$400.00	$0.00
September 11, 2024	97110 and 97140	$400.00	$0.00
January 27, 2025	97164	$100.00	$0.00
	Total	$2,300.00	$0.00

Requester's Position

"We are sending this complaint due to the above workers' compensation insurance not processing the claims correctly. We have submitted claims for processing electronically several times to Tristar Risk Management and when we called for status, we were told to call Injury Management Organization (IMO) for status and when we did, we were told they never received the claim, so we

faxed the claim or mailed it, to the claims mailing address given to us. They finally received it but denied it for past timely filing."

Amount In Dispute: $2,300.00

Respondent's Position

"We acknowledge receipt of the Medical Dispute Resolution for [injured employee], submitted by Source One Medical, regarding services rendered from August 30, 2024, to January 27, 2025. After a thorough review of the submitted documentation, payment is not recommended. It has been determined that dates of service August 30, 2024, through January 27, 2025, exceed the timely filing requirement for Medical Dispute Resolution under Division Rule 133.3079c.

This rule mandates that a request for medical fee dispute resolution must be submitted no later than one year following the dates of service in question. The Division of Workers' Compensation (DWC) received the Medical Dispute Resolution on April 13, 2026. Consequently, the Division lacks jurisdiction over this dispute and must therefore dismiss the request for resolution concerning the dates of service ."

Response Submitted By: Injury Management Organization

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. 285 – Appeal procedures not followed
2. 286 – Appeal time limits not met
3. 046 – Multiple procedure payment reduction (MPPR) applied
4. 222 – Charge exceeds Fee Schedule allowance

5. 362 – Modifier – GP services delivered under an outpatient physical therapy plan of care
6. ANSI29 29 – The time limit for filing has expired
7. ANI59 59 – Processed based on multiple or concurrent procedure rules
8. ANSIP12 P12 – Workers compensation jurisdictional fee schedule adjustment
9. 29 – The time limit for filing has expired

Issues

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

Findings

1. The requester submitted a medical fee dispute seeking reimbursement in the amount of $2,300.00 for service code billed 97140, 97110, 97161 and 97164 rendered on August 30, 2024; September 4, 2024; September 6, 2024; September 9, 2024; September 11, 2024 and January 27, 2025. The insurance carrier denied the services with denial reasons listed above (descriptions listed above) and issued no payment.
2. According to 28 Texas Administrative Code (TAC) Section 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 Section 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, codes 97140, 97110, 97161 and 97164 provided on August, 30, 2024; September 4, 2024; September 6, 2024; September 9, 2024; September 11, 2024 and January 27, 2025. The Division received the MFDR request on April 7, 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 Section 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 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. Click or tap here to enter text.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	May 8, 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 electronico CompConnection@tdi.texas.gov.