

Medical Fee Dispute Resolution for Injured Employees

Medical fee dispute resolution is a service of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

MDRinquiry@tdi.Texas.gov

Who We Are

- Medical Fee Dispute Resolution, often referred to as MFDR, is a program that is part of the Division of Workers' Compensation.
- We specialize in DWC's medical fee guidelines, medical billing and payment policies, and calculating DWC reimbursement amounts for health care services.

We Can Help You

- Resolve disagreements with the workers' compensation insurance carrier over a refund request for medical payments you made out-of-pocket.
- We make decisions based on the facts given to us.
- MFDR will send a letter to you and to the workers' compensation insurance carrier explaining our decisions.

File for Fee Dispute If:

- You made payments out of pocket for your compensable injury;
- asked the workers' compensation carrier for a refund in writing; and
- the insurance carrier either:
 - did not respond within 45 days;
 - denied your request; or
 - did not pay the full amount you asked for.

Do Not File for Fee Dispute If:

- If you have not paid for the service in question.
- The carrier denied your request because the service you paid for was not related to your workers' compensation injury.
 - Call 800-252-7031, option 1 or go to the [TDI website](#) to find out how to resolve compensability, extent, or liability disputes.
- The carrier denied your request because the service you paid for was not medically necessary.
 - Call 800-252-7031, option 1 or go to the [TDI website](#) to find out how to resolve medical necessity disputes.

What Are the Deadlines?

The later of:

- One year after the date the health care service was provided;
- 60 days after your compensability, extent of injury, or liability dispute was resolved; or
- 60 days after your medical necessity dispute was resolved.

Filing the Fee Dispute



Failure to follow instructions or give all documentation may cause your dispute to be dismissed.

Before Filing:

1. Send the bill to the insurance carrier.
 - Ask for a refund of the out-of-pocket payments that you made by sending a letter or an email to the insurance carrier or the claims adjuster.
 - Include receipts to prove that you made those payments.
2. Wait 45 days for a written response.
3. File for medical fee dispute if the insurance carrier:
 - does not respond within 45 days;
 - denies payment; or
 - makes a partial payment.

How to File

A complete [DWC Form-060](#) is required.



Texas Department of Insurance
Division of Workers' Compensation
 Medical Fee Dispute Resolution
 7551 Metro Center Drive, Suite100 • MS-48
 Austin, TX 78744-1645

DWC060

Complete, if known:

DWC Claim #

Carrier Claim #

Medical Fee Dispute Resolution Request

I. Requestor Information

| | | |
|---|---|---------------------------|
| 1. Type of Requestor (check the appropriate box) <input type="checkbox"/> Injured Employee <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Pharmacy Processing Agent <input type="checkbox"/> Subclaimant | | |
| 2. If Injured Employee is checked in Box 1, provide the following information: Is the injured employee a first responder, as defined in Texas Labor Code Section 504.055, who sustained a serious bodily injury*? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the medical fee dispute resolution process will be expedited. | | |
| <small>*bodily injury that creates a substantial risk of death or that causes death, serious permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ</small> | | |
| 3. Requestor's Name | 4. Requestor's Contact Name (if other than requestor) | |
| 5. Requestor's Address | 6. Requestor's Phone Number | 7. Requestor's Fax Number |
| 8. Requestor's City, State, ZIP | 9. Requestor's Email Address | |

II. Claim Information

| | |
|-----------------------------|---------------------------------|
| 10. Injured Employee's Name | 11. Date of Injury (mm/dd/yyyy) |
|-----------------------------|---------------------------------|

III. Table of Disputed Services (Not required if Injured Employee is checked in Section I, Box 1. Injured employees must provide documentation as listed in the *Frequently Asked Questions* on Page 3 of this form.)

| Dates of Service in Dispute | Treatment or Service Codes in Dispute | Amount Billed | Amount Paid | Amount in Dispute |
|-----------------------------|---------------------------------------|---------------|-------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

How to File DWC Form-060

By mail or in person:

Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution Section
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1645

By fax: 512-490-1044

By email: MedFeeDispute-Submission@tdi.texas.gov

Injured employees must include all of these documents:

- A description of the service(s) in dispute, including: the date(s) of service, the amount you paid for each service, and the amount of the medical fee.
- An explanation of why each disputed amount should be refunded, and documents that support this explanation.
- Proof of injured employee payment (copies of receipts, health care provider billing statements, or similar documents).
- A copy of the insurance carrier's or health care provider's denial of refund (or proof that the injured employees tried to get a refund).

Injured Employee Support



Who can help me if I get sick or injured at work?

If you become sick or are injured at work there is help. DWC claims and customer services staff talk about all the ways we are here for you.

800-252-7031, option 1



Q: Can the insurance carrier deny my refund in a phone call?

A: The insurance carrier should send you a denial by email or letter. This gives you proof of the insurance carrier's denial and the reasons for it.

Q: Can I file for medical fee dispute by fax or email?

A: Yes.

Fax: 512-490-1044

Email: MedFeeDispute-Submission@tdi.texas.gov

To submit by email, use secure email. For questions about how to send a secure email, call 800-252-7031 option 1.

Q: What is required with my submission?

A:

- DWC060 Form
- Why you believe the amount is due
- How your evidence shows why it is due
- Proof of your payment
- Proof of insurance carrier's denial to your request for refund

Q: Can I talk about my fee dispute with the person assigned to my case?

A: No. Dispute resolution officers cannot have contact with you or with the insurance carrier.

Q: How can I check the status of my fee dispute?

A: Email MDRInquiry@tdi.Texas.gov

Q: How will I know when my fee dispute is resolved?

A: DWC will send you a decision letter or a dismissal letter by certified mail.

Q: What happens if I send a fee dispute after the one-year filing deadline?

A: A “zero order” decision is issued. This is not a dismissal of the dispute and you may still file an appeal.

Q: Can I appeal a fee dispute decision?

A: Yes. Follow the instructions in the “Right to Appeal” section of the decision we send you.

Q: Can I appeal a fee dispute dismissal?

A: No. You can correct the issue and re-file.

- For example, if a fee dispute was dismissed because there was no evidence that you billed the carrier first, you may file a new dispute that includes proof of this.
- The one-year filing deadline applies even when you are filing a new dispute.

Q: What do I do if I get a payment from the carrier before I receive a decision?

A: Notify DWC by emailing:
MDRInquiry@tdi.Texas.gov.

Q: How long does dispute resolution take?

A: Disputes filed by injured employees are usually resolved within 30 days.

We hope you found this information helpful and thank you for your time and attention.



Email us at: MDRInquiry@tdi.Texas.gov