



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Shannon Medical Center

Respondent Name

Old Republic Insurance Company

MFDR Tracking Number

M4-25-1650-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

March 24, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 10, 2023 through April 13, 2023	Inpatient Facility Charges	\$26,821.00	\$0.00

Requester's Position

"A hearing was then held by Judge Robert... on 09/04/2024 stating that billed charges for 04/10/2023 through 04/13/2023 were compensable and ordered that DOS be submitted for payment."

Amount in Dispute: \$26,821.00

Respondent's Position

Email correspondence dated April 30, 2025, states, "Waiting for a response on 1650."

Response Submitted by: Tim White/White Espey, PLLC

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- P4 – Workers compensation claim adjudicated as non-compensable. This payer is not liable for claim or service/treatment.
- 258 – Entitlement to benefits.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- B13 – Re-evaluated; No additional payment is recommended.
- 288 – Entitlement (non-compensable).
- 29 – The time limit for filing claim/bill has expired.
- RM2 – Time limit for filing claim has expired.

Issues

1. Did the requester submit the medical fee dispute within 60 days of receiving the final decision, as required under 28 Texas Administrative Code (TAC) §133.307(c)(1)(B)(i)?
2. Is the requester entitled to reimbursement for the disputed medical services?

Findings

1. The requester is seeking reimbursement for inpatient facility services provided between April 10, 2023, and April 13, 2023.

Pursuant to 28 TAC §133.307(c)(1)(B)(i), a request for Medical Fee Dispute Resolution (MFDR) must be submitted no later than 60 days after the requester receives a final decision, including all appeals, regarding a compensability, extent of injury, or liability dispute under Labor Code Chapter 410. If the MFDR is not filed within this timeframe, the requester waives the right to pursue MFDR.

A review of the documentation reviewed by the Division of Workers' Compensation (DWC) finds:

- A Benefit Review Conference was conducted on July 2, 2024, but the parties did not reach an agreement.
- A Contested Case Hearing (CCH) was subsequently held on September 4, 2024.
- The 60-day filing deadline following the CCH decision would be November 3, 2024.
- Since November 3, 2024, was a Sunday, the deadline extended to the next business day, November 4, 2024.
- The requester's MFDR filing was received by the DWC on March 24, 2025, more than four months after the extended deadline.

Therefore, the requester failed to meet the required 60-day filing deadline as outlined in 28 TAC §133.307(c)(1)(B)(i).

Because the MFDR request was not submitted in a timely manner, the requester has waived the right to medical fee dispute resolution. As a result, the requester is not entitled to reimbursement for the inpatient facility charges in question.

2. The Division finds that the requester's submission was untimely under 28 TAC §133.307(c)(1)(B)(i). Consequently, the requester is not eligible for reimbursement for the inpatient services rendered from April 10, 2023, through April 13, 2023.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent 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 the Texas Labor Code §§413.031 and 413.019, the DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	June 27, 2025
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §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, call CompConnection at 1-800-252-7031, option 3 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 the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.