



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

VHS Harlingen

Respondent Name

Texas Mutual Insurance

MFDR Tracking Number

M4-25-1722-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 31, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 3 – 4, 2024	0111	\$2972.00	\$0.00
	0250	\$4954.00	\$0.00
	0260	\$2638.00	\$0.00
	0310	\$1418.00	\$0.00
	0320	\$1675.00	\$0.00
	0360	\$28542.00	\$0.00
	0370	\$5649.00	\$0.00
	0450	\$7619.00	\$0.00
	0710	\$6995.00	\$0.00
	0771	\$359.00	\$0.00
	WC ADJUSTMENTS	-45357.31	\$0.00
	Total	\$17,463.69	\$0.00

Requester's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary services on the above dates of service. The Hospital billed TEXAS MUTUAL, but the bill was denied for timely filing. However, this was due to the member providing UnitedHealthcare to the Hospital. Under Texas Labor Code §408.0272 a health care provider does not the forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if the claim was erroneously filed for reimbursement with a workers' compensation carrier other than the carrier liable for payments of benefits. In this case, UnitedHealthcare information was provided to the Hospital and billed. As such, Texas Mutual is responsible for the proper payment of this medically necessary treatment directly related to the patient's work-related injury."

Amount in Dispute: \$17,463.69

Respondent's Position

"Texas Mutual has reviewed the DWC-60 submitted by VHS HARLINGEN HOSPITAL. The DWC-60 was received prematurely as the provider submitted a subsequent billing which is currently pending finalization (invoice #000018574904) explanation of benefits will be provided once available. Our position is that no payment is due."

Supplemental response June 11, 2025

"With the finalization of the pending invoice (000018574904), the untimely denial was upheld, and payment was not recommended."

Response Submitted by: Texas Mutual

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 \(TAC\) §133.20](#) sets out the procedures for submission of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [The Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
4. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.
5. [28 TAC §141.1](#) sets out the guidelines for dispute resolution—benefit review conference.

Denial Reasons

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

adjustment codes:

- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-138 – Appeal procedures not followed or time limits not met.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-29 – The time limit for filing has expired.
- DC4 – No additional reimbursement allowed after reconsideration.
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date of service.

Issues

1. Is the requester entitled to reimbursement for the disputed service(s)?

Findings

1. The requester is seeking reimbursement in the amount of \$17,463.69 for inpatient hospital services provided between April 3 – 4, 2024. The insurance carrier denied the claim, citing untimely submission of the medical bills.

According to 28 Texas Administrative Code (TAC) §133.20(b) and Texas Labor Code (TLC) §408.027(a), medical bills must be submitted no later than 95 days after the date the services are provided. Exceptions to this rule are outlined in TLC §408.0272(b), which allows for late submission if the provider billed:

- An insurer that issued a group accident and health insurance policy under which the injured employee was covered;
- A health maintenance organization that issued evidence of coverage for the injured employee;
- A workers' compensation insurance carrier other than the one liable for payment of benefits; or
- If the commissioner determines that a catastrophic event substantially interferes with the provider's normal business operations.

TLC §408.0272(d) also provides that the submission deadline may be extended by mutual agreement of the parties.

Upon review, the Division of Workers' Compensation (DWC) found insufficient evidence to support that the claim was to submitted to Texas Mutual within 95 days of the requester being notified of the correct workers' compensation carrier.

Based on the evidence presented, the requester did not demonstrate timely submission or eligibility under an exception. Therefore, the DWC concludes that the requester is not entitled to reimbursement for the services in dispute.

Conclusion

The resolution of this medical fee dispute is based on the evidence submitted by both the requester and the respondent. While not every piece of evidence is discussed in detail, all materials were reviewed and considered.

The DWC finds that the requester has not established entitlement to reimbursement.

Order

Under Texas Labor Code §§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

July 24, 2025

Date

Your Right to Appeal

Either party involved in this medical fee dispute has the right to request a review of this decision under 28 TAC §133.307, which applies to disputes filed on or after June 1, 2012.

To initiate a request for review, the party must complete and submit *DWC Form-045M, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*, in accordance with the instructions set forth on the form. This form may be accessed at www.tdi.texas.gov/forms/form20numeric.html.

The completed request must be submitted to the Texas Department of Insurance, Division of Workers' Compensation (DWC), within twenty (20) days of receipt of this decision. Submissions may be made via facsimile, postal mail, or personal delivery, using the contact information provided on the form or that of the appropriate DWC field office managing the claim. Timely submission is essential to ensure that the request is considered and processed appropriately.

The party requesting a review must also send a copy of the request to all other parties involved in the dispute at the same time as it is submitted to the Division of Workers' Compensation (DWC). The request must also include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required documents listed in [28 TAC §141.1\(d\)](#).

For any inquiries regarding *DWC Form-045M*, please contact CompConnection at 1-800-252-7031 (option 3) or via email at CompConnection@tdi.texas.gov.