



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MHHS Hermann
Hospital

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-2372-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

May 28, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 11 – 16, 2022	0120	\$9665.00	\$0.00
February 11 – 16, 2022	0250	\$1859.00	\$0.00
February 11 – 16, 2022	0252	\$240.00	\$0.00
February 11 – 16, 2022	0255	\$75.00	\$0.00
February 11 – 16, 2022	0258	\$232.50	\$0.00
February 11 – 16, 2022	0270	\$1628.75	\$0.00
February 11 – 16, 2022	0278	\$29059.25	\$0.00
February 11 – 16, 2022	0301	\$4100.00	\$0.00
February 11 – 16, 2022	0302	\$1047.00	\$0.00
February 11 – 16, 2022	0305	\$1549.75	\$0.00
February 11 – 16, 2022	0306	\$128.25	\$0.00
February 11 – 16, 2022	0310	\$6779.50	\$0.00
February 11 – 16, 2022	0320	\$7263.75	\$0.00
February 11 – 16, 2022	0350	\$16211.00	\$0.00
February 11 – 16, 2022	0360	\$61648.00	\$0.00
February 11 – 16, 2022	0370	\$8573.25	\$0.00
February 11 – 16, 2022	0420	\$1026.50	\$0.00
February 11 – 16, 2022	0424	\$717.50	\$0.00
February 11 – 16, 2022	0430	\$123.75	\$0.00
February 11 – 16, 2022	0434	\$665.75	\$0.00

February 11 – 16, 2022	0450	\$6836.00	\$0.00
February 11 – 16, 2022	0710	\$4207.00	\$0.00
February 11 – 16, 2022	0730	\$785.50	\$0.00
February 11 – 16, 2022	WC ADJUSTMENTS	-136079.38	\$0.00
Total		\$28343.37	\$0.00

Requestor's Position

"The Hospital billed TEXAS MUTUAL, but the bill was denied for timely filing. However, this was due to the member providing Aetna to the Hospital. Under Texas Labor Code §408.0272 a health care provider does not 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..."

Amount in Dispute: \$28,343.37

Respondent's Position

"One year from disputed date 02/16/2022. The TDI/DWC date stamp lists the received date as 05/28/2025 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived the right to DWC MDR. Our position is that no payment is due."

Response submitted by: Texas Mutual

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) 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:

- A28 – Billed charges submitted not all related to compensable injury.
- A29 – Consideration for single case agreement can be sent to medical operations@TexasMutual.com attach denied eob.
- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.

- CAC-29 – The time limit for filing has expired.
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.

Issues

1. Does a compensability issue exist?
2. Is the requestor's position statement supported?
3. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The explanation of benefits submitted at the time the request for MFDR was made indicates a denial of "billed charges not all related to compensable injury." DWC Rule 28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

DWC Rule 28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

Review of the submitted information finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2. The insurance carrier's denial reason is therefore not supported. Furthermore, because the respondent failed to meet the requirements of Rule §133.307(d)(2)(H) regarding notice of issues of extent of injury, the denial for compensability will not be considered in this review.

Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. The requestor states, "...a health care provider does not 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..."

Review of the submitted documentation found the erroneous payment (page 56 of submitted documentation) indicates Aetna notified the hospital of the workers' compensation coverage on July 25, 2022. The explanation of benefits from Texas Mutual indicates the claim was received on November 9, 2022. The requestor did not support the medical bill submitted to Texas Mutual within 95 days of the notification of the correct worker's compensation carrier.

The requestor's position is not supported.

3. The requestor is seeking payment for DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

(A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review; the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The dates of the service in dispute are February 11-16, 2022. The request for medical dispute resolution was received at the Division on May 28, 2025.

The requestor has waived their right to MFDR for dates of service in dispute.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 16, 2025

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, please 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.