



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

DOCTORS HOSPITAL AT RENAISSANCE

Respondent Name

HIDALGO COUNTY

MFDR Tracking Number

M4-25-3362-01

Carrier's Austin Representative

Box Number 21

DWC Date Received

August 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 5, 2023	Outpatient Physical Therapy 97110-GP-CQ and 97110-GP 97140-GP-CQ and 97140-GP 97112-GP-CQ and 97112-GP	\$358.57	\$0.00
December 7, 2023			
December 12, 2023			
December 14, 2023			
December 19, 2023			
December 21, 2023			
Total		\$358.57	\$0.00

Requester's Position

"This letter is to inform you that your workers compensation insurance. Tristar Insurance denying payment for services you received at our facility. As a result of this denial we will be filing for Medical Fee Dispute (DWC 60) with the Texas Department of Insurance in an attempt to resolve this issue."

Amount in Dispute: \$358.57

Respondent's Position

"The dates of service are past timely filing for MDR per Division Rule 133.3079c. (Request for medical fee dispute resolution must be filed 'no later than one year after the date(s) of service in dispute.' MDR received date 08/21/2025 submitted to TPA 09/29/2025. Therefore, the Division does not have jurisdiction over the dispute, and it must dismiss the request for resolution for the following dates of service."

Response Submitted by: Injury Management Organization Inc

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 payment for the disputed services with the following claim adjustment codes:

- 045 – Multiple procedure payment reduction (MPPR) applied
- 222 – Charges exceeds fee schedule allowance
- 59 – Processed based on multiple or concurrent procedure rules
- P12 – Workers compensation jurisdictional fee schedule adjustment
- ANSI285 – Appeal procedures not followed
- ANSI286 – Appeal time limits not met

Issues

1. Is the requester eligible for DWC medical fee dispute resolution for the services in question?

Findings

1. The requester is seeking reimbursement for hospital outpatient services provided on December 5, 2023; December 7, 2023; December 12, 2023; December 14, 2023; December 19, 2023 and December 21, 2023. According to 28 Texas Administrative Code (TAC) §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 §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, the hospital outpatient services were provided on December 5, 2023; December 7, 2023; December 12, 2023; December 14, 2023; December 19, 2023 and December 21, 2023. The Division received the MFDR request on August 21, 2025, 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 §133.307(c)(1)(B).

The Division finds the requester has not established that reimbursement is due.

Conclusion

The Division concludes that the requester failed to file the MFDR request within the required timeframe and has consequently waived the right to pursue Medical Fee Dispute Resolution for this claim.

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.

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

October 10, 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, 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.