



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

GONZALEZ FAMILY &
OCCUPATIONAL

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-26-0023-01

Carrier's Austin Representative

Box Number 54

Date Received

September 2, 2025A

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 22, 2024	Code 99213	\$444.00	\$0.00
August 7, 2024			
Total		\$444.00	\$0.00

Requester's Position

Requester did not provide a position statement.

Amount in Dispute: \$444.00

Respondent's Position

"One year from disputed date 08/07/2024. The TDI/DWC date stamp lists the received date as 09/02/2025 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR."

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 \(TAC\) §133.305](#) 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 reduced or denied payment for the disputed services with the following claim adjustment codes:

- COP12 – Workers compensation jurisdictional fee schedule adjustment. Note: If adjustment is at the Claim level, the payer must send, and the provider should refer to the 835 class of contract code identification segment (Loop 2100 other Claim related information REF). If adjustment is at the line level, the payer must send, and the provider should refer to the 835 Healthcare policy identification REF).
- C045 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

Note: This adjustment amount cannot equal the total service or claim charge amount and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication (Use only with Group Codes PR or CO depending upon liability)

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 two office visits, both billed under CPT code 99213 and provided on July 22, 2024 and August 7, 2024. 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, office visits were provided on July 22, 2024 and August 7, 2024. The Division received the MFDR request on September 2, 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, the Division has determined the Requester is entitled to \$0.00 reimbursement for disputed services.

Authorized Signature

	September 19, 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. The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the 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 the Division. **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.