

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Midland Memorial Hospital Main

Respondent Name

Texas Mutual Insurance

MFDR Tracking Number

M4-26-0070-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

September 8, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 9 – 19, 2024	Emergency	\$44,441.85	\$0.00

Requester's Position

"Please review as the bill is being denied for timely. Bill was originally submitted to commercial insurance in error and the commercial explanation of payment was included with the first submission to Texas Mutual for processing which was received 05/19/25."

Amount in Dispute: \$44,441.85

Respondent's Position

"The requestor initially submitted the bill to commercial insurance in error and provided an explanation of payment with an EFT date of January 23, 2025, as the notification date. The bill was later submitted to Texas Mutual on May 19, 2025, exceed the 95-day deadline. As a result, the carrier denied the bill as untimely in accordance with Rule 133.20(b). ...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.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission.
3. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- EFT dated 1/23/2025, bill rec'd 5/19/25 -95 days after notification of erroneous billing.
- 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. Did the requester support timely submission of medical claim?

Findings

1. The requester is seeking reimbursement of inpatient hospital services rendered in September of 2024. The insurance carrier denied the services stating the medical bill was not submitted within 95 days of the date of service.

DWC Rule 28 TAC §133.20 (b) states in pertinent part,

(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

- (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
- (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
- (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found the registration form indicates the requester was aware of the Workers' Compensation insurance at the time of admission.

DWC Rule 28 TAC §133.20 (b)(2) states in pertinent part, In accordance with subsection (c) of the statute, the health care provider must submit the medical bill to the correct workers' compensation insurance carrier no later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill.

The greater weight of evidence supports the requester was aware of the workers' compensation coverage at the time of admission. The insurance carrier's denial is supported. No payment is recommended.

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 Midland Memorial Hospital Main has not established that reimbursement of \$44,441.85 is due.

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

September 30, 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 electronico CompConnection@tdi.texas.gov.