



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Methodist Health Systems

Respondent Name

Argonaut

MFDR Tracking Number

M4-26-0486-01

Insurance Carrier's Austin Representative

BOX 17 Downs Stanford PC

DWC Date Received

October 20, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 18, 2024	Emergency Visit	\$2,941.32	\$0.00
Total		\$2,941.32	\$0.00

Requester's Position

"Requesting reconsideration of the timely filing denial. We rec'd a letter from Argo Group on 1/14/25 but had electronically sent the bill on 12/17/25 and again 4/7/25.

Amount In Dispute: \$2,941.32

Respondent's Position

The Austin carrier representative for Argonaut Insurance Co is Downs & Stanford, P.C. The representative was notified of this medical fee dispute on October 22, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [102.4](#) details the general rules for non-division communication.
3. 28 TAC Section [133.20](#) sets out requirements for medical bill submission.
4. Texas Labor Code [408.0272](#) sets out the workers compensation timely billing and exceptions.

Adjustment Reasons

- 29 – The time limit for filing has expired.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support timely submission of medical claim?

Findings

1. The requester is seeking reimbursement of emergency room services rendered on November 18, 2024. The carrier denied the charges based on untimely submission of the medical bill. The amount in dispute is \$2,941.32.

2. DWC Rule 28 TAC Section 102.4(h) states, Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or
- (2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

DWC Rule 28 TAC Section 133.20(b)(2) states in pertinent part,

(b) Except as provided in Labor Code Section 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.

2. 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.

Texas Labor Code Section 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 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.

A review of the submitted documentation found a letter from Argo Group dated December 19, 2024 sent to the requester, requesting medical bills to facilitate processing of the employee's workers compensation claim.

The requester states in their position the bill was electronically submitted on 12/17/2025[sic] and again 4/7/25. Insufficient evidence was found to support this statement.

The greater weight of evidence supports the carrier received the claim on April 21, 2025. This date is greater than 95 days from the date the requester was notified of the billing information for this claim.

DWC finds there is insufficient information to support an exception described above. No payment is recommended.

Conclusion

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

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

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	January 15, 2026
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 Section [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 800-252-7031, option three 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 this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.