



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Baylor Medical Center Uptown

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-26-1207-01

**Insurance Carrier's Austin Representative**

BOX 54 Texas Mutual Insurance Co

**DWC Date Received**

December 22, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 8, 2025	99282	\$261.08	\$0.00
February 8, 2025	12001	\$356.94	\$0.00
<b>Total</b>		<b>\$618.02</b>	<b>\$0.00</b>

### Requester's Position

"...this claim was billed to UMR as this was the coverage that the patient provided in our ED on the date of service. The claim was paid by UMR 03/5/2025. This is well within the 95 day time limit. Also please see the attached letter from Texas Mutual dated 04/01/25 where the patient sent the bill that they received for the balance not paid by UMR to Texas Mutual. ...We billed and were paid based on the information provided by your insured all within the time limits set by the State. We billed Texas Mutual when the patient finally provided that information."

**Amount In Dispute:** \$618.02

## Respondent's Position

"Texas Mutual on 8/11/25 received the bill from MSH PARTNERS LLP. ...The rationale given by the requestor for the late bill is not consistent with the Rule above. 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 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

- CAC-W3/350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-29 – The time limit for filing expired.
- DC4 – No additional reimbursement allowed after reconsideration.
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date of service.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requestor support timely submission of medical bill?
3. Is the requestor due reimbursement?

### Findings

1. The requestor is seeking reimbursement for emergency room services provided on February 8, 2025. The Carrier denied the medical bill as not submitted within 95 days of the date of

service. The amount in dispute is \$618.02.

2. 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.

28 TAC Section 133.20(b)(2) 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.
  - (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 submit a timely 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.

Review of the submitted documentation found Texas Mutual did not process the medical bill submitted by the injured worker. Notifications dated April 1, 2025, July 18, 2025 and July 21, 2025 state that the submission was not on the required CMS approved form. The greater

weight of evidence supports the claim was submitted by the requester to Texas Mutual and was received on August 13, 2025 which is beyond 95 days from the date of service.

3. DWC finds there is insufficient information to support an exception described above as the documentation provided did not indicate when the requester was notified of the incorrect billing to the injured worker's health insurance through UMR to support their claim submission was within 95 days of the notification. 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 20, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).