



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Saint Joseph Regional Health Center

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-26-1223-01

**Insurance Carrier's Austin Representative**

BOX 54 Texas Mutual Insurance Co

**DWC Date Received**

December 29, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 21, 2023 – March 23, 2023	Inpatient Hospital Services	\$11,293.38	\$0.00
<b>Total</b>		\$11,293.38	\$0.00

### Requester's Position

"Enclosed is a copy of the Explanation of Benefits, the Hospital's UB04, itemized statement, and the Hospital's medical record. We are requesting that TEXAS MUTUAL INSURANCE COMPANY reconsider issue reimbursement,..."

**Amount In Dispute:** \$11,293.38

### Respondent's Position

"One year from disputed date 03/23/2023. The TDI/DWC date stamp lists the received date as 12/29/2025 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 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 [133.305](#) sets out the procedures for resolving medical disputes.

### Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. CAC-29 The time limit for filing has expired
2. 731 – Per 133.20(B) Provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the service

### 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 Inpatient services provided on March 21, 2023 – March 23, 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, Hospital Inpatient services were provided on March 21, 2023 – March 23, 2023. The Division received the MFDR request on December 29, 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.

### 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**

\_\_\_\_\_

\_\_\_\_\_

Medical Fee Dispute Resolution Officer

January 9, 2026

\_\_\_\_\_

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).