



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Methodist Dallas Medical Center

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-1300-01

Insurance Carrier's Austin Representative

BOX 54 Texas Mutual Insurance Co

DWC Date Received

January 8, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 7, 2025	EMERGENCY VISIT	\$1,593.81	\$0.00
Total		\$1,593.81	\$0.00

Requester's Position

"The letter from the carrier, dated 8/8/25 was attached as proof of timely filing."

Amount In Dispute: \$1,593.81

Respondent's Position

"One year from disputed date 01/07/2025. The TDI/DWC date stamp lists the received date as 01/08/2026 on the requestor's DWC-60 packet, a date treater 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.

Adjustment Reasons

1. 29 – The time limit for filing has expired.
2. CAC-W3/350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
3. CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
4. 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date of service.

Issues

1. What is DWC considering in this medical fee dispute?
2. Was the request for MFDR received within one year from date of service?

Findings

1. The requester is seeking reimbursement of emergency room services rendered on January 7, 2025 in the amount of \$1,593.81. The insurance carrier denied the claim as the claim was not submitted within 95 days.
2. 28 TAC Section 133.307(c)(1) states, Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. Review of the information submitted with this request for MFDR indicates the date of service is January 7, 2025. The request for MFDR was received at the division January 8, 2026. This date is greater than one year from the date of service. The requester has waived their right to MFDR.

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

Signature

Medical Fee Dispute Resolution Officer

February 12, 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. 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.