TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name
Methodist Health Systems

Respondent Name
Texas Mutual Insurance Company

MFDR Tracking Number
M4-26-1322-01

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
March 24, 2025 – March 25, 2025	EMERGENCY VISIT	$963.14	$0.00
	Total	$963.14	$0.00

Requester's Position

"We received the letter from UHC on 7/24/25 and transcription from the call on 8/15/25 to show when we learned of work comp."

Amount In Dispute: $963.14

Respondent's Position

"Texas Mutual on 10/14/2025 received the bill from METHODIST DALLAS MEDICAL CENTER. ...The rationale given by the requestor for the late bill is not consistent with the Rule above".

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 133.20 sets out the requirements for medical bill submission.

Adjustment Reasons

1. 29 – 134.801 & 133.20 Provider shall not submit a medical bill lather than the 95th day after the date of service for service on or after 9/1/05.
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. 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.
5. 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester's position statement supported?
3. Is the requester entitled to reimbursement for the disputed services?

Findings

1. The requester is seeking reimbursement of outpatient emergency room services rendered in March 2025 in the amount of $963.14. The insurance carrier denied the medical bill stating was filed after the filing deadline.

2. The requester submitted the statement, "We received the letter from UHC on 7/24/25 and transcription from the call on 8/15/25 to show when we learned of work comp". However, page 18 of the submitted medical decision making on the section states "60-year-old male presents to the emergency department with (redacted) pain after accidentally falling while working as a volunteer security guard".
   Based on this review, the greater weight of evidence supports the injured worker notified

the emergency department of the work injury at the time of admission.

3. DWC finds the disputed medical bill was received by the workers' compensation carrier on October 14, 2025. This date is greater than 95 days from the date of service. The insurance carrier's denial is supported. 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

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 electronico CompConnection@tdi.texas.gov.