



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

UT Southwestern University

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-1449-01

Insurance Carrier's Austin Representative

BOX 54 Texas Mutual Insurance Co

DWC Date Received

January 22, 2026

Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|--------------------|------------------------------|--------------------|---------------|
| April 23, 2025 | Outpatient Hospital Services | \$34,175.06 | \$0.00 |
| Total | | \$34,175.06 | \$0.00 |

Requester's Position

"The above referenced claim was initially denied due to we are out of network with Workwell. **We obtained approval from Workwell**".

Amount In Dispute: \$34,175.06

Respondent's Position

"Since this fee reimbursement dispute involves a network requirement under the Insurance Code rather than the Labor Code, Texas Mutual believes this dispute is outside the jurisdiction of DWC MDR. Further, on 8/5/2025 Texas Mutual received a bill for UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL which included additional charge from previous bills in history and was denied as untimely. ...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. Texas Insurance Code Chapter [1305](#) sets out the general provisions for workers' compensation health care networks.
3. 28 TAC Section [133.20](#) sets out the requirements for medical bill submission.
4. 28 TAC Section [102.4](#) details the general rules for non-division communication.

Adjustment Reasons

- CAC-W3/350– In accordance with TDI-DWC Rule 134.804. This bill has been identified as a 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 has expired.
- DC4 – No additional reimbursement allowed after reconsideration.
- D27 – Provider not approved to treat WORKWELL, TX NETWORK CLAIMANT.
- 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. Did the requester receive out of network authorization?
3. Was the claim submitted within 95 days of the date of service?
4. Has DWC determined whether reimbursement is due?

Findings

1. The requester is seeking reimbursement in the amount of \$34,175.06 for outpatient hospital services rendered in April of 2025. Texas Mutual denied the claim as non-approved

Workwell and claim was not submitted timely.

2. The information submitted by the requester indicates the following.

- Workwell, TX out of network approval dated April 15, 2025
- Genex Review #6902938 recommending certification of (Recommend prospective request for one initial right knee arthroscopy to include anterior cruciate ligament reconstruction (CPT 29888) between 4/15/2025 and 8/13/2025 be certified.

TIC §1305.153 (c) provides that "Out-of-network providers who provide care as described by §1305.006 shall be reimbursed as provided by the Texas Workers' Compensation Act and applicable rules of the commissioner of workers' compensation".

TIC §1305.006 titled INSURANCE CARRIER LIABILITY FOR OUT-OF-NETWORK HEALTH CARE, states, An insurance carrier that establishes or contracts with a network is liable for the following out-of-network healthcare that is provided to an injured employee:

- (1) Emergency Care;
- (2) health care provided to an injured employee who does not live within the service area of any network established by the insurance carrier or with which the insurance carrier has a contract; and
- (3) health care provided by an out-of-network provider pursuant to a referral from the injured employee's treating doctor that has been approved by the network pursuant to §1305.103.

The requester has the burden to prove that the conditions outlined in TIC §§1305.006 and 1305.103 were met in order to be eligible for dispute resolution. The requestor presented sufficient proof and/or documentation to support that it obtained the appropriate approval/referral from the certified healthcare network for the out-of-network health care it provided. Consequently, the services in dispute are eligible for medical fee dispute resolution pursuant to 28 TAC §133.307.

3. DWC Rule 28 TAC §133.20 (b) 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.

DWC Rule 28 TAC §102.4 (h) 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. (2) the commissioner determines that the failure resulted from a catastrophic event that interfered with the normal business operations of the provider.

Review of the submitted documentation found the requester did not submit any evidence of timely claim submission.

4. DWC finds the services were approved through the WorkWell network and were prior authorized however, the information submitted by the requester was insufficient to support that within 95 days of the date of service the claim was submitted. The greater weight of evidence was the explanation of benefits of the reconsideration that indicates an audit date of October 23, 2025. This date is past the 95 days. No payment can be 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 26, 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.