TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Providence Memorial Hospital

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-26-1888-01

Insurance Carrier's Austin Representative

BOX 45 State Of Texas

DWC Date Received

March 3, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 30, 2024 – May 1, 2024	Outpatient Hospital Services	$12,616.76	$0.00
	Total	$12,616.76	$0.00

Requester's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary services on the above dates of service. The Hospital billed SORM, but the bill was denied not paid/reimbursed appropriately. However, despite the Hospital's efforts and Request for Reconsiderations sent, SORM has not rendered proper payment."

Amount In Dispute: $12,616.76

Respondent's Position

The Austin carrier representative for State Office of Risk Management is State of Texas. The representative was notified of this medical fee dispute on March 5, 2026.

Per 28 Texas Administrative Code Section 133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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

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

29 – The time limit for filing has expired.

Issues

1. What is DWC considering in this medical fee dispute?
2. Was this request for medical fee dispute resolution submitted timely?

Findings

1. This medical fee dispute resolution (MFDR) request involves non-payment of outpatient hospital facility charges for services rendered April 30, 2024, through May 1, 2024. The requester is seeking reimbursement in the amount of $12,616.76. The request for MFDR was received by DWC on March 3, 2026.

   DWC will review the submitted documentation to determine if the requester is eligible for MFDR review and adjudication.

2. A review of the submitted DWC Form-060 *Medical Fee Dispute Resolution Request* (DWC Form-060) finds that the disputed dates of service are April 30, 2024, through May 1, 2024. The DWC Form-060 date received stamp shows that the request for MFDR was received by DWC on March 3, 2026.

   28 (TAC) Section 133.307 (c)(1)(A) sets out the timely filing procedures for MFDR requests. It requires a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute.

28 TAC Section 133.307(c)(1)(B) sets out those exceptions, stating, "A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
(iii) the dispute relates to a refund notice issued pursuant to a division audit or review; the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice. "

The disputed service does not meet any of the exceptions specified in 28 TAC Section 133.307(c)(1)(B), according to an examination of the submitted documentation. DWC finds that more than a year has passed since the disputed date of service and the request for MFDR was submitted.

DWC finds that the request for MFDR was not timely submitted in accordance with 28 TAC Section 133.307. As a result, the requester has forfeited its right to MFDR and is not eligible for Medical Fee Dispute Resolution review.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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	June 3, 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.