



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Providence Memorial Hospital

**Respondent Name**

Alaska National Insurance Co.

**MFDR Tracking Number**

M4-26-2127-01

**Insurance Carrier's Austin Representative**

BOX 17 Downs Stanford PC

**DWC Date Received**

March 31, 2026

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
June 5, 2024	Hospital Outpatient	\$1,908.15	\$0.00
<b>Total</b>		\$1,908.15	\$0.00

### Requester's Position

The above referenced claim was denied du to untimely filing.

We received an EOB for the services provided to the patient, stating the bill is being denied due to untimely filing.”

**Amount In Dispute:** \$1,908.15

### Respondent's Position

Finally, pursuant to Division rule §133.307(c)and (c)(1)(A) a request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute. A request shall timely file the request with the Division MFDR Section or waive the right to MFDR. Corvel asserts the requestor is entitled to \$0.00 reimbursement for outpatient services in dispute based on the requestor’s failure to request medical fee dispute resolution no later than one year after the DOS in dispute.

Date of Service In Dispute	MFDR Deadline	TDI-DWC Received Date
06/05/2024	06/05/2025	03/31/2026

**Response Submitted By:** CORVEL

## 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 [133.305](#) sets out the procedures for resolving medical disputes.

### Adjustment Reasons

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

1. 03P – Included in another billed procedure
2. 25 – Separate E&M service, same physician
3. LT – Left Side
4. RN – Not paid under OPPS: service included in APC rate
5. TC – Technical component
6. P14 – Payment is included in another svc/procdre occurring on same day
7. 234 – This procedure is not paid separately
8. 29 – Time limit for filing claim/bill has expired
9. RM2 – The time limit for filing claim has expired
10. RT – Right Side
11. XU – Unusual non-overlapping service

### Issues

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

## Findings

1. The requester submitted a medical fee dispute request seeking reimbursement in the amount of \$1,908.15 for Hospital outpatient services rendered on June 5, 2024. The insurance carrier denied the services with the denial reasons listed above (descriptions listed above) and issued no payment.
2. According to 28 Texas Administrative Code (TAC) Section 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 Section 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.
- (i) 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.
- (ii) 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 outpatient services were provided on June 5, 2024. The Division received the MFDR request on March 31, 2026, 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 Section 133.307(c)(1)(B).

The Division finds the requester has not established that reimbursement is due.

## 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

[Redacted Signature]

Signature

[Redacted Name]

Medical Fee Dispute Resolution Officer

April 23, 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).