



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Dr Rajesh Gutta DDS MS

Respondent Name

Ace American Insurance Company

MFDR Tracking Number

M4-26-2149-01

Insurance Carrier's Austin Representative

BOX 15 Downs Stanford PC

DWC Date Received

April 1, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 2, 2023	D0160	\$219.50	\$0.00
February 2, 2023	D0367	\$392.81	\$0.00
Total		\$612.31	\$0.00

Requester's Position

"The carrier reduced the reimbursement, citing that the charges exceeded the recommended allowance based on the "usual, customary and reasonable rates" for the geographical area. We argue that the carrier's payment calculation is incorrect and fails to properly reimburse the provider according to the established Texas Workers' Compensation fee schedule and guidelines."

Amount In Dispute: \$612.31

Respondent's Position

"This bill for DOS 02/02/2023 will not be reviewed as this dispute has been submitted past the timely filing deadline per Rule 133.307."

Response Submitted By: Liberty 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 [134.303](#) sets out the fee guidelines for dental services.

Adjustment Reasons

- 309 – The charge for this procedure exceeds the fee schedule.
- 237 – The recommended allowance is based on usual, customary and reasonable rates for this geographical area.
- 4891 – UCR amount is equal to the charge.

Issues

1. What is DWC considering in this medical fee dispute?
2. Has the requester waived their right to MFDR?

Findings

1. The requester is seeking additional reimbursement of dental services rendered on February 2, 2023 in the amount of \$612.31.
2. 28 TAC Section 133.307(c)(1) states:
"Timeliness. A requester shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.
(A) A request for medical fee dispute resolution 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.
(B) 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 requester 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 requester 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 dates of the service in dispute are February 2, 2023. The request for medical dispute resolution was received at the Division on April 1, 2026. DWC finds the requester has waived their right to MFDR for date of service February 2, 2023.

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 additional reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

_____	_____	April 22, 2026
Signature	Medical Fee Dispute Resolution Officer	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.