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

Doctors Hospital at Renaissance

Respondent Name

Standard Fire Insurance

MFDR Tracking Number

M4-26-2257-01

Insurance Carrier's Austin Representative

BOX 5 Travelers Co Inc

DWC Date Received

April 13, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 12, 2025	N424357070130GR	$0.00	$0.00
February 12, 2025	36415	$0.00	$0.00
February 12, 2025	70450	$199.70	$0.00
February 12, 2025	70486	$199.70	$0.00
February 12, 2025	12051	$751.02	$0.00
February 12, 2025	99284	$799.68	$0.00
February 12, 2025	90714	$0.00	$0.00
February 12, 2025	90471	$133.66	$0.00
	Total	$2,083.04	$0.00

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Request for Reconsideration" dated March 6, 2026 that states, "…Bill was then submitted to Travelers on 10/21/2025 but denied for timely filing. Attached BCBS correspondence letter and Travelers explanation of benefits denial along with medical records."

Amount In Dispute: $2,083.04

Respondent's Position

"This request for medical fee dispute resolution should be dismissed in accordance with Rule 133.307(f)(3)(D) as the provider failed to timely file the request within one year of the date of service as required by Rule 133.307(c)(1)."

Response Submitted By: Travelers

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:

- N735 – Adjustment without review of medical/dental record because the requested records were not received or were not received timely.
- 29 – The time limit for filing has expired.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 18 – Exact duplicate claim/service.
- 247 – A payment or denial has already been recommended for this service.

Issues

1. What is DWC considering in this medical fee dispute?

2. Has the requester waived their right to MFDR?

Findings

1. The requester seeks reimbursement for outpatient emergency room services rendered on February 12, 2025 in the amount of $2,083.04. DWC will consider this request per applicable rules and fee guidelines.

2. The rule applicable to timely filing of MFDR requests is, 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 12, 2025. The request for medical dispute resolution was received at the Division on April 13, 2026. The requester has waived their right for MFDR tracking number M4-26-2257-01.

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 24, 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.