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

Village Emergency Room

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-2429-01

Insurance Carrier's Austin Representative

BOX 54 Texas Mutual Insurance Co

DWC Date Received

April 28, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 24, 2023	99283	$2,100.00	$0.00
September 24, 2023	J3490	$20.00	$0.00
	Total	$2,120.00	$0.00

Requester's Position

"This claim got denied. Please see attached original EOB showing that the claim was submitted within the time frame, together with the medical record indicating the services during the visit."

Amount In Dispute: $2,120.00

Respondent's Position

"The disputed date of service 09/24/2023 to 09/24/2023 is greater than one year from the TDI/DWC date-stamp of April 28, 2026, listed on the requestor DWC60 packet and has waived its right to DWC MDR. Our position is that no payment is due."

Response Submitted By: Texas Mutual Insurance Company

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. CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.

2. CAC-40 – Charges do not meet qualifications for emergent/urgent care.

3. 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.

4. 899 – Documentation and file review does not support an emergency in accordance with rule 133.2.

5. CAC-29 – The time limit for filing has expired.

6. 731 – Per 133.20(B) provider shall not submit a medical bill later the 95th day after the date of 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 is seeking reimbursement for emergency services provided on September 24, 2023. The insurance carrier denied payment with denial code CAC-29 which states, "The time limit for filing has expired."

2. According to 28 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.

(ii) 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 on the basis of medical necessity.

(iii) 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, emergency services were provided on September 24, 2023. The Division received the MFDR request on April 28, 2026, which is more than one year after the date 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).

Therefore, DWC concludes that the requester failed to file the MFDR request within the required timeframe and has consequently waived the right to pursue Medical Fee Dispute Resolution for this claim.

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.