



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

VHS Harlingen Hospital

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-26-2455-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

April 21, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 19 – 20, 2025	Emergency Room and Pharmacy	\$393.33	\$0.00
Total		\$393.33	\$0.00

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Appeal" dated February 4, 2026 that states, "The patient's health insurance was originally billed in a timely manner on 04/25/2025. Health insurance paid in the amount of \$1,046.34. Work comp info was then provided and billed on 12/04/2025. Sedgwick was billed and denied for timely filing."

Amount In Dispute: \$393.33

Respondent's Position

"The Provider filed a request for Medical Fee Dispute Resolution for dates of service of April 19 and 20, 2025. However, the Provider did not file its request until April 21, 2026. The Provider was required to file its request no later than one year after the date of service."

Response Submitted By: Flahive, Ogden & Latson

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:

- 4271 – Per Texas Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 29 – The time limit for filing claim/bill has expired.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of 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 has submitted a request for MFDR for outpatient emergency room services rendered from April 19 – 20, 2025 in the amount of \$393.33. The insurance carrier's original denial was based on timely filing deadline being missed. The respondent has stated this dispute was received after one year of the date of service.
2. The rule that details when a request for MFDR must be submitted is found in 28 TAC Section 133.307(c)(1) which 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 April 19 – 20, 2025. The request for medical dispute resolution was received at the Division on April 21, 2026. Insufficient evidence was found to support an exception to the one year filing deadline. Therefore, the requester has waived their right to MFDR for M4-26-2455-01 for dates of service April 19 – 20, 2025.

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

May 20, 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.