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

Nacogdoches Medical Center

Respondent Name

WC Solutions

MFDR Tracking Number

M4-26-2723-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

May 11, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
August 29, 2025	70450	$424.50	$0.00
August 29, 2025	72125	$0.00	$0.00
August 29, 2025	96372	$0.00	$0.00
August 29, 2025	99284-25	$804.98	$0.00
August 29, 2025	J1100	$0.00	$0.00
August 29, 2025	J2360	$0.00	$0.00
	Total	$1,229.48	$0.00

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document dated March 5, 2026 to the attention of the Appeals Department that states, "At the time of service, the patient did not provide the Workman's comp information, and the claim was billed to their health plan on 09/02/25. After the claim was denied by their health plan due to Worker's Comp liability, the insurance was then updated and submitted to Edward's Risk management on 12/3/26."

Amount In Dispute: $1,229.48

Respondent's Position

"The documentation submitted with the MFDR does not show a successful submission to an incorrect insurance carrier and it does not show the date the health care provider was notified of the correct workers' compensation carrier. Without this information, an extension to the timely filing period is not supported."

Response Submitted By: ethos

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 Texas Administrative code (TAC) Section 133.20 sets out the procedures for submission of a medical bill.
3. Texas Labor Code (TLC) Section 408.027 sets out the rules for timely submission of claims by health care providers.
4. Labor Code Section 408.0272 sets out exceptions to the timely filing of a medical bill.
5. 28 TAC Section 141.1 sets out the guidelines for dispute resolution, benefit review conference.

Adjustment Reasons

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

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

Issues

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

2. Has the requester supported an exception that exists to the 95-day filing deadline?

Findings

1. The requester is seeking reimbursement of outpatient emergency room services for date of service August 29, 2025 in the amount of $1,229.48. The insurance carrier denied the claim stating the claim was not submitted within 95 day filing deadline. DWC will review the submitted documents to determine if reimbursement is due.

2. The requester states they were unaware of the injury that occurred at the patient's place of employment. The submitted Consent for Treatment indicates at the time of service, the patient stated the injury was at their place of employment on (redacted date of injury) and they also provided their supervisor's name and telephone number.

   According to 28 Texas Administrative Code (TAC) Section 133.20(b) and Texas Labor Code (TLC) Section 408.027(a), medical bills must be submitted no later than 95 days after the date the services are provided. Exceptions to this rule are outlined in TLC Section 408.0272(b), which allows for late submission if the provider billed:

   - An insurer that issued a group accident and health insurance policy under which the injured employee was covered
   - A health maintenance organization that issued evidence of coverage for the injured employee
   - A workers' compensation insurance carrier other than the one liable for payment of benefits; or
   - If the commissioner determines that a catastrophic event interferes with the provider's normal business operations
   - TLC Section 408.0272(d) also provides that the submission deadline may be extended by mutual agreement of the parties

   Based on the evidence presented, the requester did not demonstrate timely submission or eligibility under an exception. DWC finds the requester was aware at the time of service the charges were related to a workplace injury and should have been submitted to the correct workers' compensation carrier. No payment is recommended.

   DWC concludes that the requester submitted insufficient evidence that the medical bills were submitted to the insurance carrier within 95 days after the service date. There was also no supporting documentation indicating that the bills qualified for any of the stated exceptions, nor any evidence of an agreement between the parties to extend the filing deadline.

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 19, 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.