TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Resolute Health Hospital

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-26-2737-01

Insurance Carrier's Austin Representative

BOX 45 State Of Texas

DWC Date Received

June 2, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 3, 2025	99285-25	$297.40	$0.00
September 3, 2025	J2003	$0.00	$0.00
September 3, 2025	90375	$7,460.20	$0.00
September 3, 2025	90675	$624.06	$0.00
September 3, 2025	90714	$0.00	$0.00
September 3, 2025	90471	$0.00	$0.00
	Total	$8,381.66	$0.00

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a copy of a letter dated April 13, 2026 that states, "The date of service for the above-mentioned claim was on 09/15/24 at Resolute Baptist Hospital. At the time of service, the worker's compensation insurance information was not provided, and the patient's health plan was billed. The patient called

in on 01/08/26 and provided their worker's comp insurance information, once verified the bill was then submitted to State office of Risk Management on 02/18/26."

Amount In Dispute: $8,381.66

Respondent's Position

"…SORM will maintain its denial based on "29-The time limit for filing has expired" because Resolute failed its burden to show that they qualify for the narrow exception to filing a medical bill within 95 days from the date of service."

Response Submitted By: State Office of Risk Management

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 133.20 sets out the requirements for medical bill submission.

Adjustment Reasons

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

- 29 – The time limit for filing has expired.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support an exception for the timely filing requirement?

Findings

1. The requester is seeking reimbursement of outpatient emergency room services rendered in September of 2025 in the amount of $8,381.66. The medical bill was denied for timely filing. DWC will review the submitted documentation to determine if an exception exists.
2. The rule governing the documentation a health care provider must submit to establish that a medical bill was timely filed but erroneously sent to the wrong workers' compensation insurance carrier is 28 TAC Section 133.20(b)(2) and (3), which provides,

(2) In accordance with subsection (c) of the statute, the health care provider must submit the medical bill to the correct workers' compensation insurance carrier no later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill.

(3) A health care provider who submits a medical bill to the correct workers' compensation insurance carrier must include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and **sufficient documentation** to support one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the acceptable standards for documentation.

The Requester did not provide sufficient evidence establishing that the bill was timely resubmitted to the correct workers' compensation carrier following notice of the erroneous submission and failed to provide documentation supporting the application of any exception under Section 408.0272. Because the Requester has not met its burden to provide sufficient supporting documentation, the disputed reimbursement is not supported.

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 17, 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.