WORKERS' COMP

BOOT CAMP

Training

PART 2

2026

Medical Fee

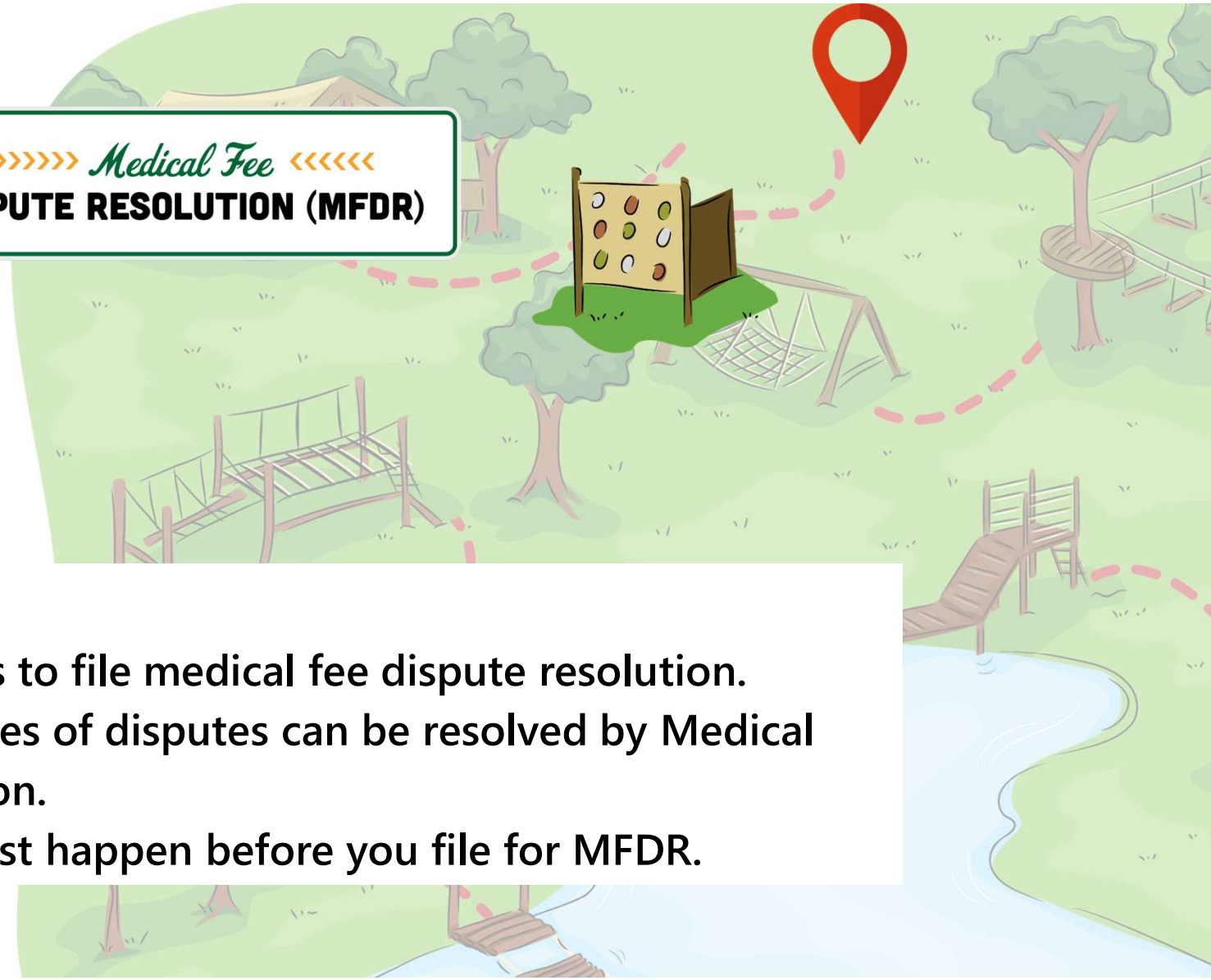
DISPUTE RESOLUTION (MFDR)

TDI Division of Workers' Compensation

Day 7

WORKERS' COMP
BOOT CAMP
Training
PART 2
2026

Medical Fee DISPUTE RESOLUTION (MFDR)



Learning Objectives

- Know the timeframes to file medical fee dispute resolution.
- Understand what types of disputes can be resolved by Medical Fee Dispute Resolution.
- Understand what must happen before you file for MFDR.

Medical Fee Dispute Resolution (MFDR)

Division of Workers' Compensation
2026

Disclaimer

This presentation is updated as of **June 30, 2026,** and is for educational purposes only and provides general information. It is not a substitute for a full review of statutes and rules.

System participants are responsible for knowing and complying with the applicable sections of the Texas Insurance Code (Insurance Code), Texas Labor Code (Labor Code), and Texas Administrative Code (TAC).

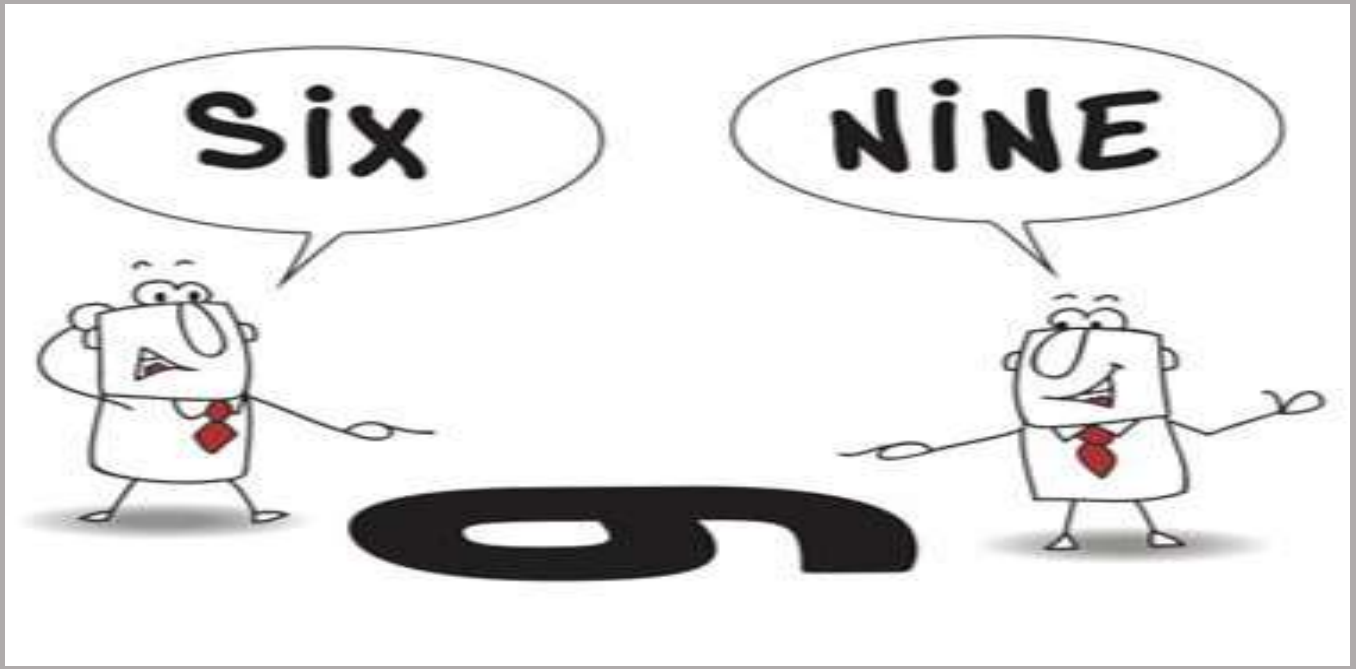
Any opinions expressed by the speakers are personal and do not constitute or reflect any statement of policy by the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Overview

- What is medical fee dispute?
- Issues that are not addressed through Medical Fee Dispute Resolution (MFDR).
- Filing requirements.
- Frequently asked questions.
- MFDR decision search tools.

1

What is a medical fee dispute?



Should you file a complaint or a dispute?

Dispute is a disagreement between system participants, generally involving entitlement to workers' compensation benefits.

Examples are:

- Indemnity dispute regarding compensability, extent of injury, relatedness or liability (CERL).
- Medical necessity disputes.
- Medical fee disputes over an amount of reimbursement.

Should you file a complaint or a dispute?

Complaint is a written submission to DWC alleging a violation of the Labor Code or DWC rules.

Examples are:

- Late payments.
- Form was filed late.
- Commissioner's orders were not complied with in a timely manner.
- Unprofessional behavior by a system participant.

Labor Code Sec. 415.002. Administrative Violations by Insurance Carrier

How to file a Complaint

All complaints must be in writing and include any supporting documentation.

Sending options:

- Download and print the complaint form (DWC Form-154) (English or Spanish); or
- Send DWC an email or letter.

Send using one of the following:

Email: DWCComplaints@tdi.texas.gov
Fax: 512-490-1030
In person: DWC field office
Mail: Texas Department of Insurance, Division of Workers' Compensation: Compliance and Investigations, Mail Code CI
P.O. Box 12050
Austin, Texas 78711

For more information, contact: DWC-ComplianceReview@tdi.texas.gov

Medical Fee Dispute

Disagreement over payment amount for medically necessary and appropriate non-network health care provided for a compensable injury, with some exceptions.

Exceptions for network claims:

- network emergency care with an out-of-network provider.
- approved out-of-network care for a network claim (approval should be in writing).

28 TAC Sec. 133.305. MDR - General

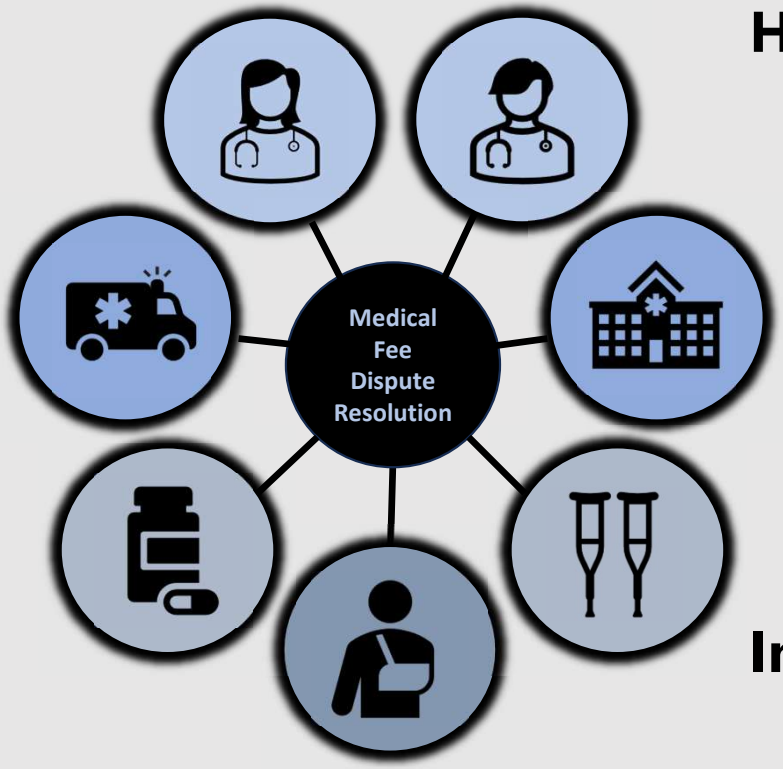
MFDR Rules

MFDR rules apply to:

- Non-network health care services.
- Out-of-network health care services approved by the network.
- Certain emergency health care services.
- Designated doctor, required medical examinations, referred doctor MMI/IR and similar exams, and treating doctor IR exams.

28 TAC Sec. 133.2. Definitions

Who can file for MFDR?



Health care providers, such as:

- Health care practitioners.
- Facilities, such as hospitals and ambulatory surgery centers.
- Designated doctors.
- Pharmacies, pharmacy processing agents.
- DME providers or suppliers.

Injured employees

28 TAC Sec. 133.307. Medical Fee Dispute Resolution

Common Fee Related Payment Reduction or Denial

- Missed deadlines.
- E/M level of service not supported or not documented.*
- Fair and reasonable reimbursement.
- No preauthorization obtained.

*more information on E/M documentation go to www.cms.gov.

Educational video: https://www.youtube.com/watch?v=4wngMpltri0

2

Issues that are not addressed through MFDR

Cannot be addressed at MFDR

Medical Necessity*

- Resolved by Independent Review Organization (IRO)

Information regarding IROs

tdi.texas.gov//pubs/fastfacts/ffmdriro.pdf

***Exceptions may include designated doctor and medical services previously preauthorized.**

28 TAC Sec. 133.240. Medical Payments and Denials

28 TAC Sec. 127.10. General Procedures for Designated Doctor Examinations

Cannot be addressed at MFDR

Compensability, Extent of Injury, Relatedness or Liability*

- resolved through DWC benefit dispute resolution process.

Information regarding proceedings:

tdi.texas.gov/wc/hcprovider/documents/ffhcpsubclaimant.pdf

***Exceptions may include designated doctor exams.**

Labor Code Sec. 413.042. Private Claims; Administrative Violation

Cannot be addressed at MFDR

Network health care services:*

- resolved through network complaints process.

Information regarding networks:

tdi.texas.gov/wc/wcnet/indexwcnet.html

*** Exceptions may include emergency services provided by an out-of-network provider, approved out-of-network services, and most MMI/IR and similar type exams.**

Cannot be addressed at MFDR

Political subdivision claims:

- resolved through network or political subdivision process.

Labor Code, Title 5, Subtitle C, Chapter 504. Workers' Compensation Insurance Coverage For Employees of Political Subdivisions

www.statutes.capitol.texas.gov/docs/la/htm/la.504.htm

Cannot be addressed at MFDR

Federal employee claims:

- resolved by U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP).

Department of Labor contact tel. #: 1-844-493-1966 opt 2

www.dol.gov/agencies/owcp

Cannot be addressed at MFDR

- Health care provider chooses to bill the injured employee's employer.

  28 TAC Section 133.20. Medical Bill Submission by Health Care Provider

- Non-subscriber work-related injuries.

3
Filing Requirements

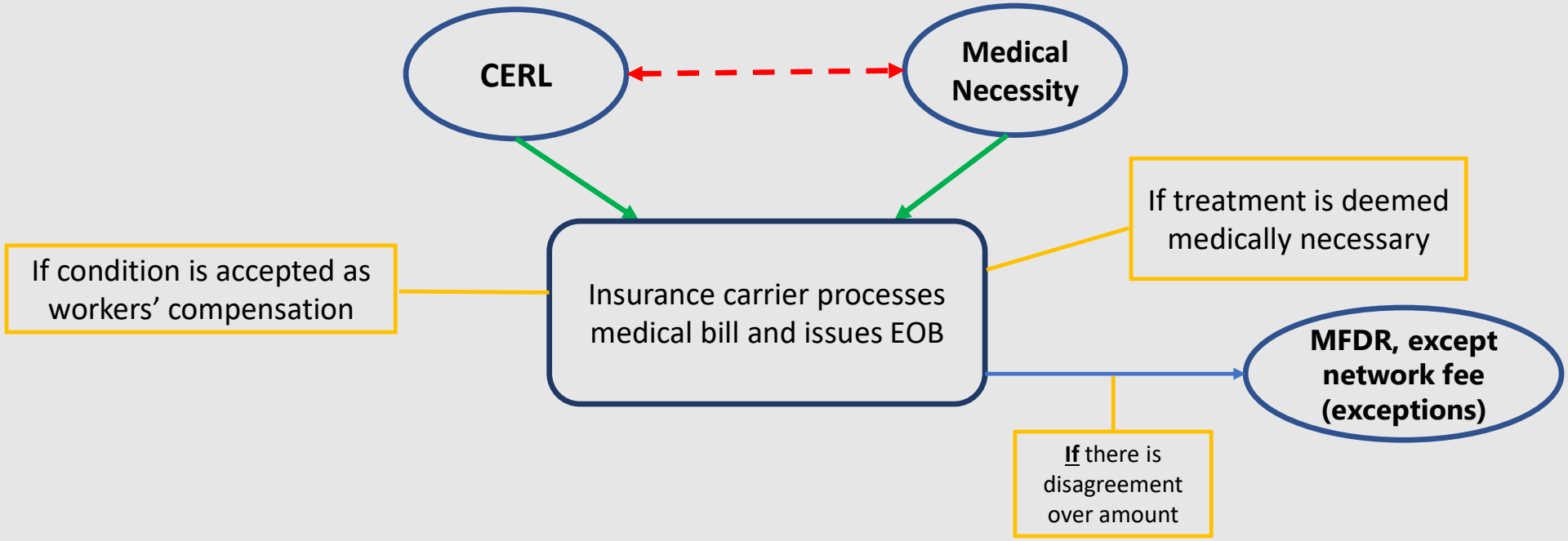
Dispute Sequence

If your medical bill is denied for compensability, extent of injury, relatedness, liability (CERL) or medical necessity:

- These medical bill denials are not usually fee disputes.
- Denial reasons of CERL and medical necessity should be resolved in the proper dispute path, not fee dispute paths (MFDR or network complaint path).

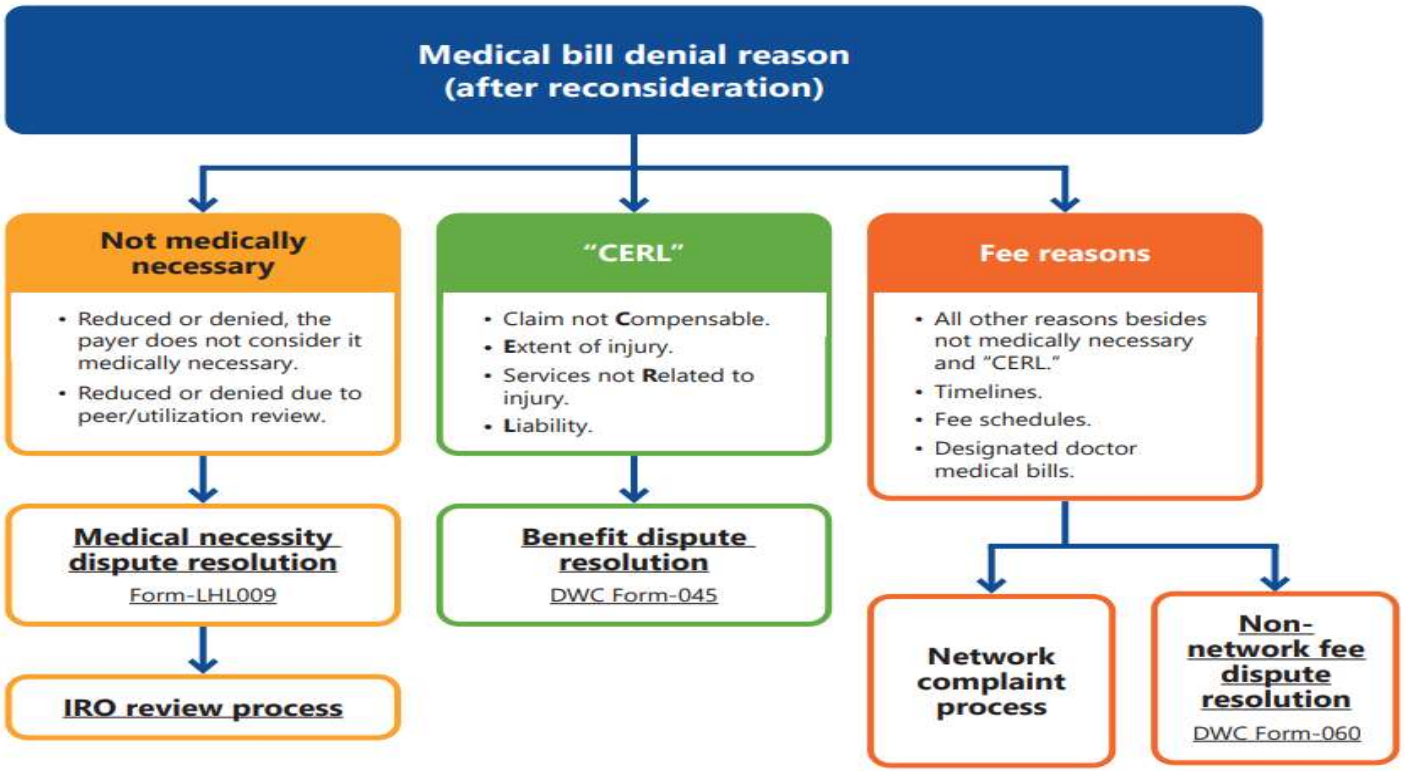
Dispute Sequence

If after the CERL or medical necessity dispute is resolved as medically necessary treatment for a compensable injury, and the insurance carrier processes bills, you might have a fee dispute.



TDI Division of Workers' Compensation

Medical bill denial dispute paths

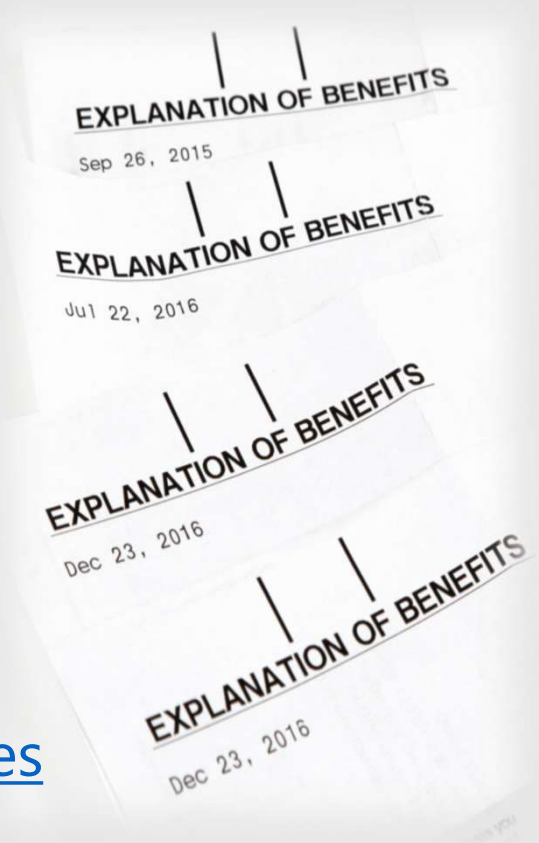


Revised 07/24

Before filing…

1. Read your initial explanation of benefits (EOB)

- American National Standards Institute (ANSI) Claim Adjustment Reason Codes (CARC), and
- explanation of reason for reduction or denial.



ANSI CARCs list:

https://x12.org/codes/claim-adjustment-reason-codes

Before filing…

2. Request reconsideration in writing.

- No later than 10 months from the date of service.
- Request reconsideration only after:
  - insurance carrier has taken final action on the medical bill, or
  - EOB not received within 50 days from submitting the medical bill.

Before filing…

2. Request reconsideration in writing (cont'd).

- Insurance carrier has 30 days to respond to the request for reconsideration.
- MFDR can be filed after the 30 days, with or without an EOB.

Before filing…

Request for reconsideration must contain:

- same billing codes, dates of service, and dollar amounts,
- copy of original EOB, or documentation of request for EOB,
- supporting documentation not previously submitted, and,
- basis to modify the previous denial or payment.

Before filing…

3. Read your <u>second</u> EOB after reconsideration.

- American National Standards Institute (ANSI) Claim Adjustment Reason Codes (CARC) and,
- explanation of reason for reduction or denial.

ANSI CARCs list:

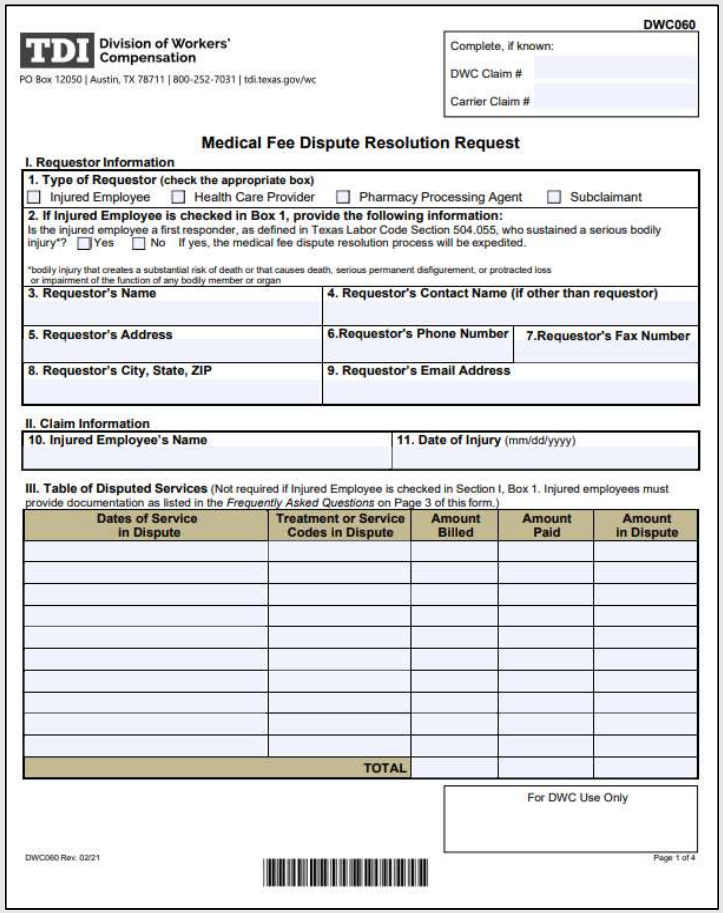
https://x12.org/codes/claim-adjustment-reason-codes

Filing deadlines for MFDR requests

28 TAC Sec. 133.307. Medical Fee Dispute Resolution

- One year after the date of service, the exceptions are:
  - 60 days after receiving the FINAL adjudication of a CERL dispute;
  - 60 days after receiving the FINAL resolution of a medical necessity dispute; or
  - 60 days after the receipt date of a refund notice.
- Considered filed on the date the DWC receives the request.

Submit a complete MFDR Request (DWC Form-060)



DWC060

TDI Division of Workers' Compensation

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete, if known:
DWC Claim #
Carrier Claim #

Medical Fee Dispute Resolution Request

I. Requestor Information

1. Type of Requestor (check the appropriate box)
☐ Injured Employee ☐ Health Care Provider ☐ Pharmacy Processing Agent ☐ Subclaimant

2. If Injured Employee is checked in Box 1, provide the following information:
Is the injured employee a first responder, as defined in Texas Labor Code Section 504.055, who sustained a serious bodily injury*? ☐ Yes ☐ No If yes, the medical fee dispute resolution process will be expedited.

*bodily injury that creates a substantial risk of death or that causes death, serious permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ

3. Requestor's Name	4. Requestor's Contact Name (if other than requestor)	
5. Requestor's Address	6.Requestor's Phone Number	7.Requestor's Fax Number
8. Requestor's City, State, ZIP	9. Requestor's Email Address	

II. Claim Information

10. Injured Employee's Name	11. Date of Injury (mm/dd/yyyy)

III. Table of Disputed Services (Not required if Injured Employee is checked in Section I, Box 1. Injured employees must provide documentation as listed in the *Frequently Asked Questions* on Page 3 of this form.)

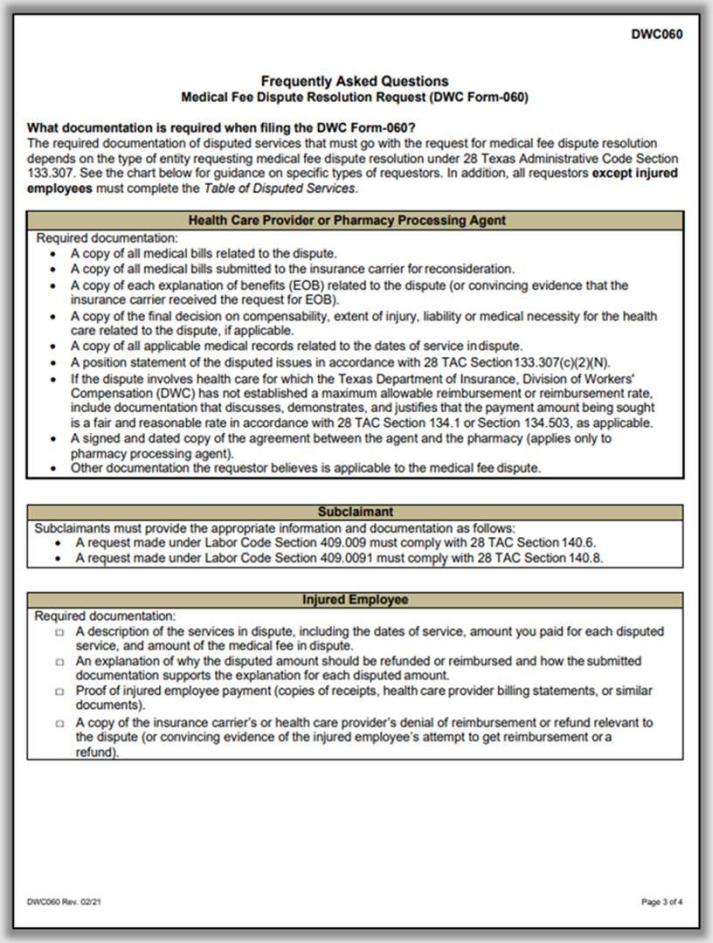
Dates of Service in Dispute	Treatment or Service Codes in Dispute	Amount Billed	Amount Paid	Amount in Dispute
TOTAL				

For DWC Use Only

DWC060 Rev. 02/21

Page 1 of 4

DWC Form-060 Instructions



DWC060

Frequently Asked Questions
Medical Fee Dispute Resolution Request (DWC Form-060)

What documentation is required when filing the DWC Form-060?
The required documentation of disputed services that must go with the request for medical fee dispute resolution depends on the type of entity requesting medical fee dispute resolution under 28 Texas Administrative Code Section 133.307. See the chart below for guidance on specific types of requestors. In addition, all requestors **except injured employees** must complete the *Table of Disputed Services*.

Health Care Provider or Pharmacy Processing Agent

Required documentation:
- A copy of all medical bills related to the dispute.
- A copy of all medical bills submitted to the insurance carrier for reconsideration.
- A copy of each explanation of benefits (EOB) related to the dispute (or convincing evidence that the insurance carrier received the request for EOB).
- A copy of the final decision on compensability, extent of injury, liability or medical necessity for the health care related to the dispute, if applicable.
- A copy of all applicable medical records related to the dates of service in dispute.
- A position statement of the disputed issues in accordance with 28 TAC Section 133.307(c)(2)(N).
- If the dispute involves health care for which the Texas Department of Insurance, Division of Workers' Compensation (DWC) has not established a maximum allowable reimbursement or reimbursement rate, include documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate in accordance with 28 TAC Section 134.1 or Section 134.503, as applicable.
- A signed and dated copy of the agreement between the agent and the pharmacy (applies only to pharmacy processing agent).
- Other documentation the requestor believes is applicable to the medical fee dispute.

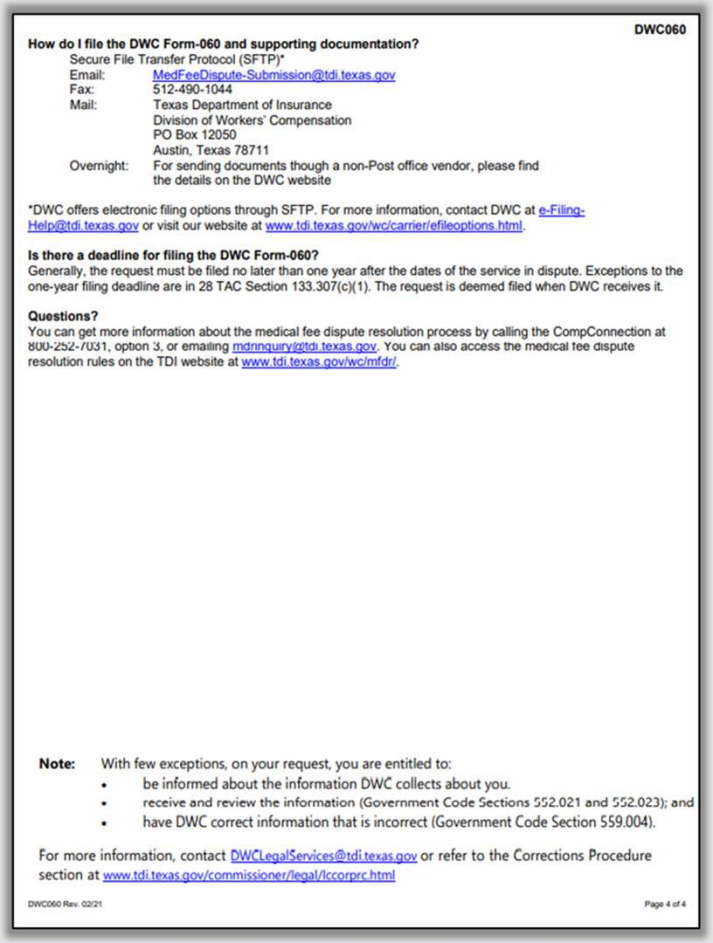
Subclaimant

Subclaimants must provide the appropriate information and documentation as follows:
- A request made under Labor Code Section 409.009 must comply with 28 TAC Section 140.6.
- A request made under Labor Code Section 409.0091 must comply with 28 TAC Section 140.8.

Injured Employee

Required documentation:
- ☐ A description of the services in dispute, including the dates of service, amount you paid for each disputed service, and amount of the medical fee in dispute.
- ☐ An explanation of why the disputed amount should be refunded or reimbursed and how the submitted documentation supports the explanation for each disputed amount.
- ☐ Proof of injured employee payment (copies of receipts, health care provider billing statements, or similar documents).
- ☐ A copy of the insurance carrier's or health care provider's denial of reimbursement or refund relevant to the dispute (or convincing evidence of the injured employee's attempt to get reimbursement or a refund).

DWC060 Rev. 02/21 Page 3 of 4



DWC060

How do I file the DWC Form-060 and supporting documentation?

Secure File Transfer Protocol (SFTP)*
Email: MedFeeDispute-Submission@tdi.texas.gov
Fax: 512-490-1044
Mail: Texas Department of Insurance
Division of Workers' Compensation
PO Box 12050
Austin, Texas 78711
Overnight: For sending documents though a non-Post office vendor, please find the details on the DWC website

*DWC offers electronic filing options through SFTP. For more information, contact DWC at e-Filing-Help@tdi.texas.gov or visit our website at www.tdi.texas.gov/wc/carrier/efileoptions.html.

Is there a deadline for filing the DWC Form-060?
Generally, the request must be filed no later than one year after the dates of the service in dispute. Exceptions to the one-year filing deadline are in 28 TAC Section 133.307(c)(1). The request is deemed filed when DWC receives it.

Questions?
You can get more information about the medical fee dispute resolution process by calling the CompConnection at 800-252-7031, option 3, or emailing mdrinquiry@tdi.texas.gov. You can also access the medical fee dispute resolution rules on the TDI website at www.tdi.texas.gov/wc/mfdr/.

Note: With few exceptions, on your request, you are entitled to:
- be informed about the information DWC collects about you.
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html

DWC060 Rev. 02/21 Page 4 of 4

Ways to submit the request.

Texas Department of Insurance Division of Workers' Compensation

Mail:

Medical Fee Dispute Resolution Section
Mail Service:
P.O. Box 12050 Austin, TX 78711

Personal delivery:

1601 Congress Avenue, Suite 6.900
Austin, TX 78701

Ways to submit the request

Electronically:

Encrypted Email:
medfeedispute-submission@tdi.texas.gov

Fax:
512-490-1044

Secure File Transfer Protocol (SFTP):
Using “MFDR-DWC060 Request” as the file name

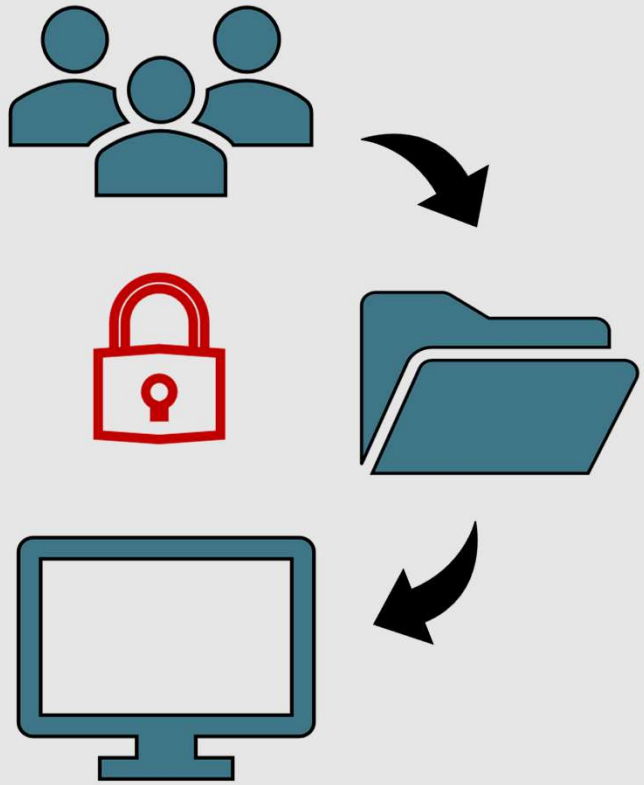
Set up SFTP box for filing DWC060

Email DWC:

efiling-help@tdi.texas.gov

More information:

DWC e-Filing web page
tdi.texas.gov/wc/carrier/efileoptions.html



Coming Soon
Submit through TXCOMP

- New TXCOMP feature coming at the end of October 2026.
- MFDR requesters and respondents will set up a profile in TXCOMP.
- MFDR requesters can complete the DWC Form-060 online and upload supporting documentation.

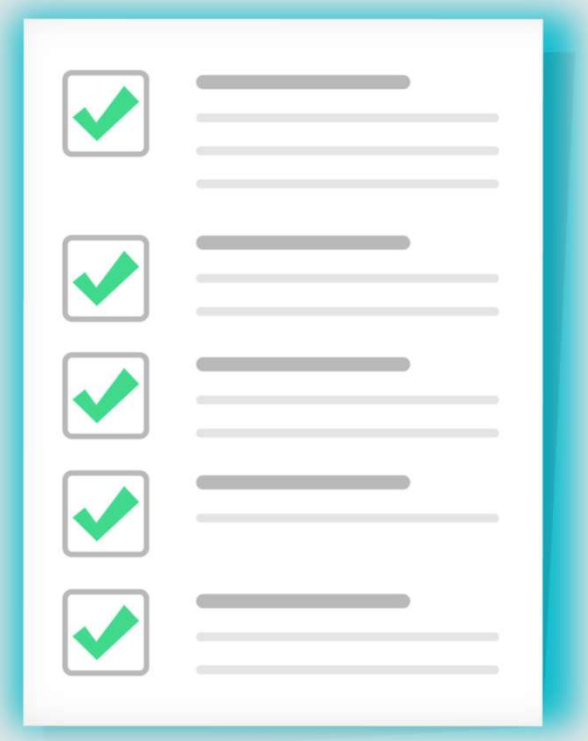
Coming Soon
Submit through TXCOMP

- MFDR respondents can submit responses and upload supporting documentation.
- System participants can check the status of MFDR disputes through TXCOMP.
- Training will be provided for the new TXCOMP filing option soon.

Include with your request for MFDR

Copy of ALL bills related to dispute:

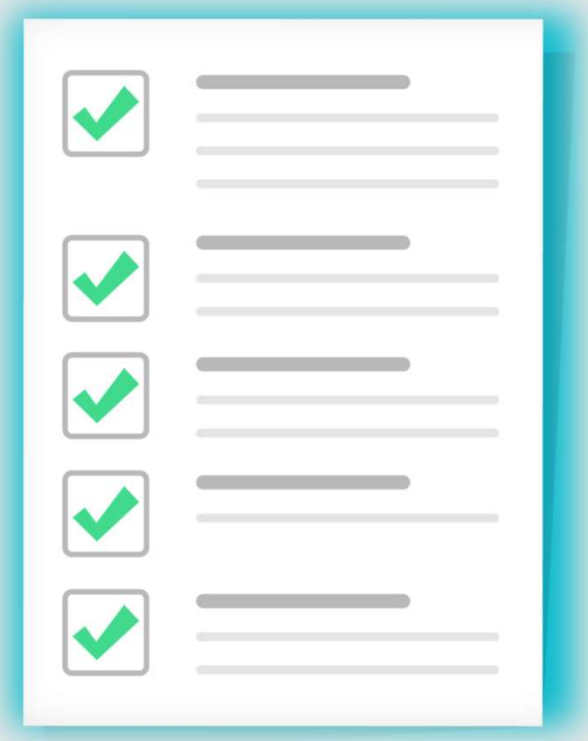
- Same billing codes.
- Same dates of service.
- Same dollar amounts.
- Copy of each EOB, or documentation of request for EOB:
  - ✓ original, and
  - ✓ reconsideration.
- Copy of related medical records.



Include with your request for MFDR

A position summary (statement of the disputed issue) that must include:

- ✓ the requester's reasoning for why the disputed fees should be paid or refunded,
- ✓ how the Labor Code and division rules, including fee guidelines, impact the disputed fee issues, and
- ✓ how the submitted documentation supports the requester's position for each disputed fee issue.



Include with your request for MFDR

A copy of any applicable final decision, relating to:

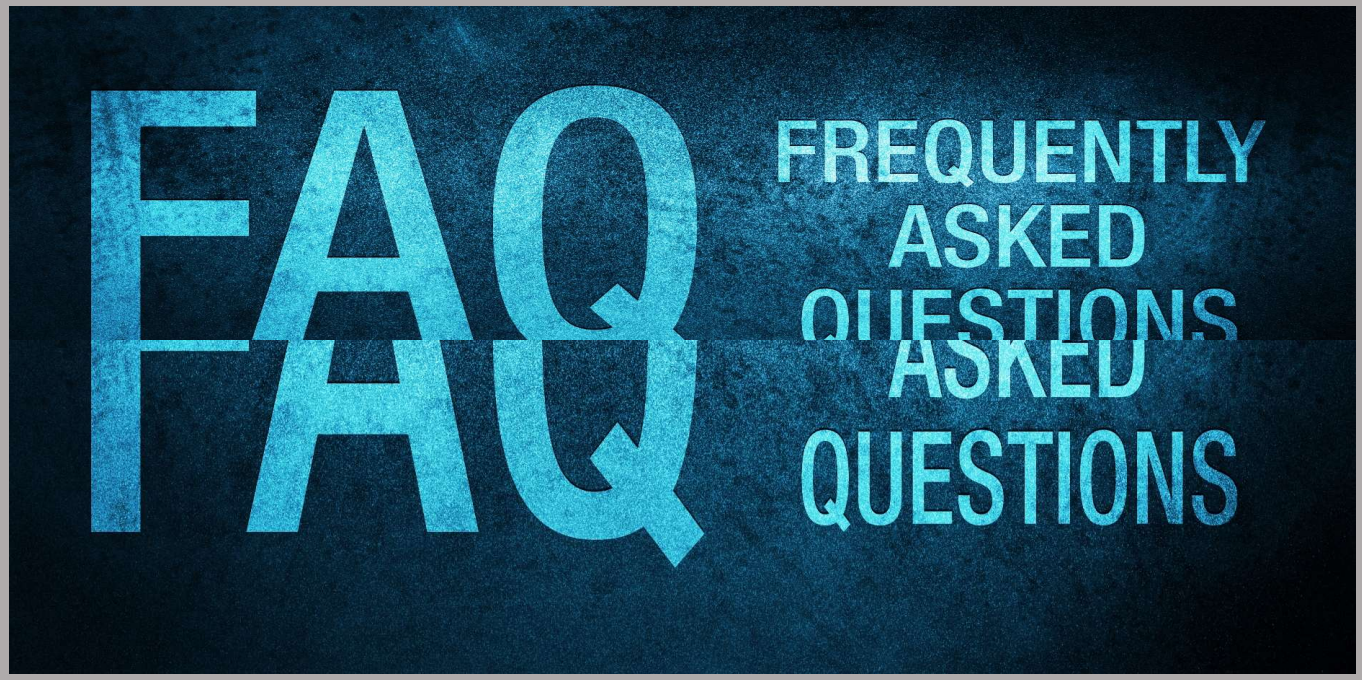
- compensability,
- extent of injury,
- relatedness,
- liability, or
- medical necessity.

Your request for MFDR may be dismissed if you do not follow all instructions.

Resource
Overview of Medical Fee Dispute Resolution

"What to expect from Medical Fee Dispute Resolution"

4
FAQS



How will I know if the DWC received my DWC Form-060 request?

A: You will receive an acknowledgement letter with an assigned MFDR tracking number.

I want to discuss my medical fee dispute with the person assigned to my case. Can I do that?

A: No. Dispute resolution officers cannot have direct contact with either party.

I disagree with the insurance carrier's response. Can I send a rebuttal or more information?

A: Any new information or positions should be addressed to the insurance carrier with a file copy to MFDR.

Send an email to MDRInquiry@tdi.texas.gov or

Fax: 512-804-4811.

How can I check the status of my medical fee dispute?

A: Send an email to MDRInquiry@tdi.texas.gov.

How will I know when my medical fee dispute is resolved?

A: DWC will send you a MFDR decision or dismissal, by fax and in the case of no fax other means.

Can I appeal a medical fee dispute decision?

A: Yes. Submit a request to schedule a benefit review conference to appeal a MFDR decision (DWC Form-045M). Instructions are on the form.

Can I appeal a medical fee dispute dismissal?

A: No. However, you may correct the problem and file a new dispute.

Note: The filing deadline still applies when you file a new dispute.

What do I do if I receive a payment from the insurance carrier after I filed a medical fee dispute?

A: If you receive payment from the insurance carrier after you file a dispute, notify DWC that you want to withdraw your dispute by sending an email to MDRInquiry@tdi.texas.gov.

How long does dispute resolution take?

A: Typical disputes are usually resolved within 90 days from the day the dispute is received.

Disputes with complex issues, new issues, or issues that are under litigation may take longer.

Should I file a dispute or a complaint?

- **Dispute is a disagreement between system participants, generally involve entitlement to workers' compensation benefits.**
- **Complaint is a written submission to the DWC alleging a violation of the Labor Code or DWC rules.**
- **If unsure, please call CompConnection for clarification.**

MFDR Decision Search Tools

MFDR Decision Search Tools

Previously issued medical fee dispute decisions can be searched in two ways:

- MFDR decision table.
  - Decisions from 2014 to present.
  - Can be filtered, sorted and exported.

- Google search by topic or keyword.

MFDR Decision Search Tools

M

- Maximum/minimum weekly benefits
- Medcases
- Media relations
- Medical Advisor, Office of the
- Medical benefits
- Medical billing
- Medical contested case hearing decisions | Decision manual
- Medical Disability Advisor (MD Guidelines website)
- Medical fee dispute decisions
- Medical fee dispute resolution
- Medical fee guideline (MFG)
- Medical Interlocutory Order (DWC Form-064)
- Medical necessity disputes, review of by an IRO | File an IRO
- Medical Quality Review Panel
- Memos
- Military hospitals - getting care at a military hospital
- Return to top

MFDR Decision Search Tools

Medical Fee Dispute Resolution (MFDR) decisions - 2014 to present

Data in the table below can be filtered, sorted, and exported. See search tips for more details. Use Google to search published decisions by topic or keyword.

Show 10 entries Export Print Column Visibility Search:

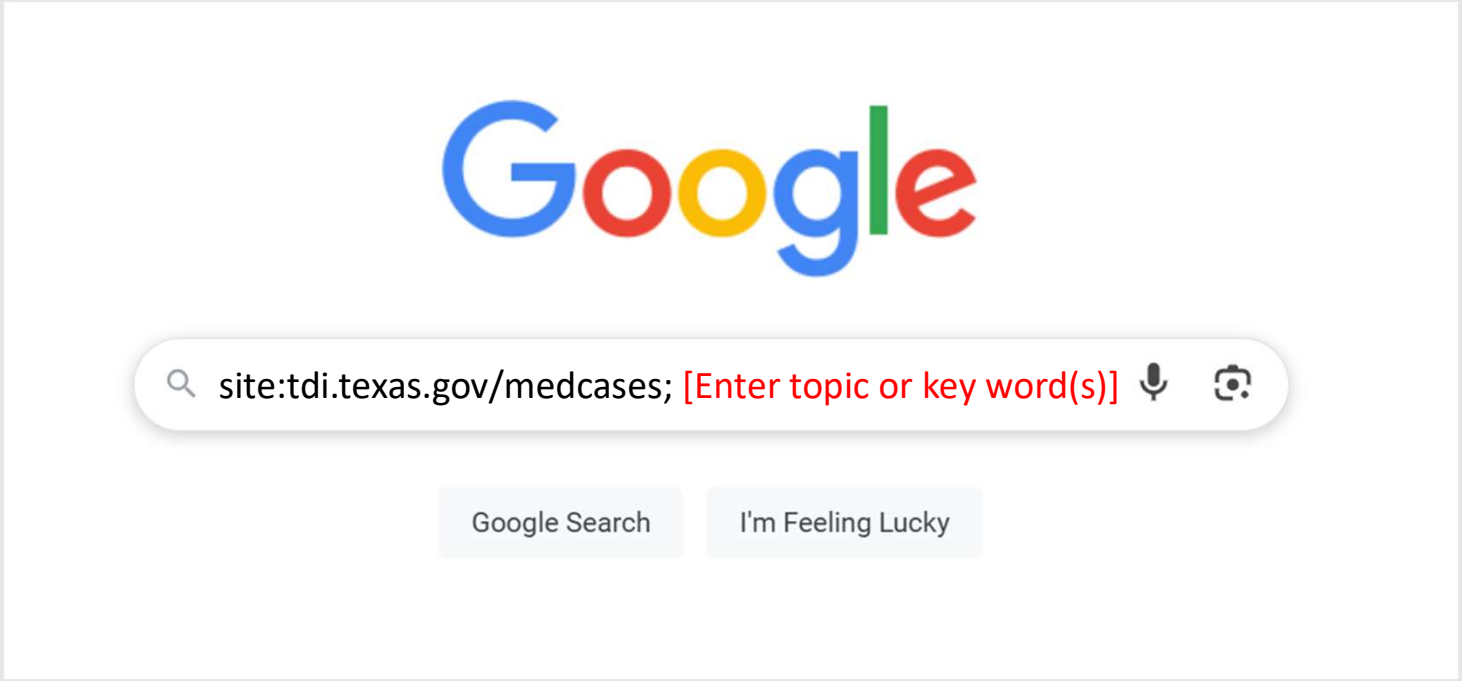
MFDR tracking number	Date recieved	Date issued	Requestor	Respondent
M4241640	04/01/2024	01/31/2025	CHAVDA, JAY	Texas Mutual Insurance Co
M4250424	10/21/2024	01/31/2025	LEE EDWARD MD	Arch Insurance Co
M4250554	11/04/2024	01/31/2025	PROXIMARX	Metropolitan Transit Authority of Harris County
M4250636	11/13/2024	01/31/2025	TOPS SURGICAL SPECIALITY HOSPI	Service Lloyds Insurance Co
M4250637	11/13/2024	01/31/2025	BAYLOR SURGICAL HOSPITAL	Standard Fire Insurance Co
M4250645	11/15/2024	01/31/2025	HAYES, MARCUS PAUL	Hartford Underwriters Insurance Co

MFDR Decision Search Tool Columns

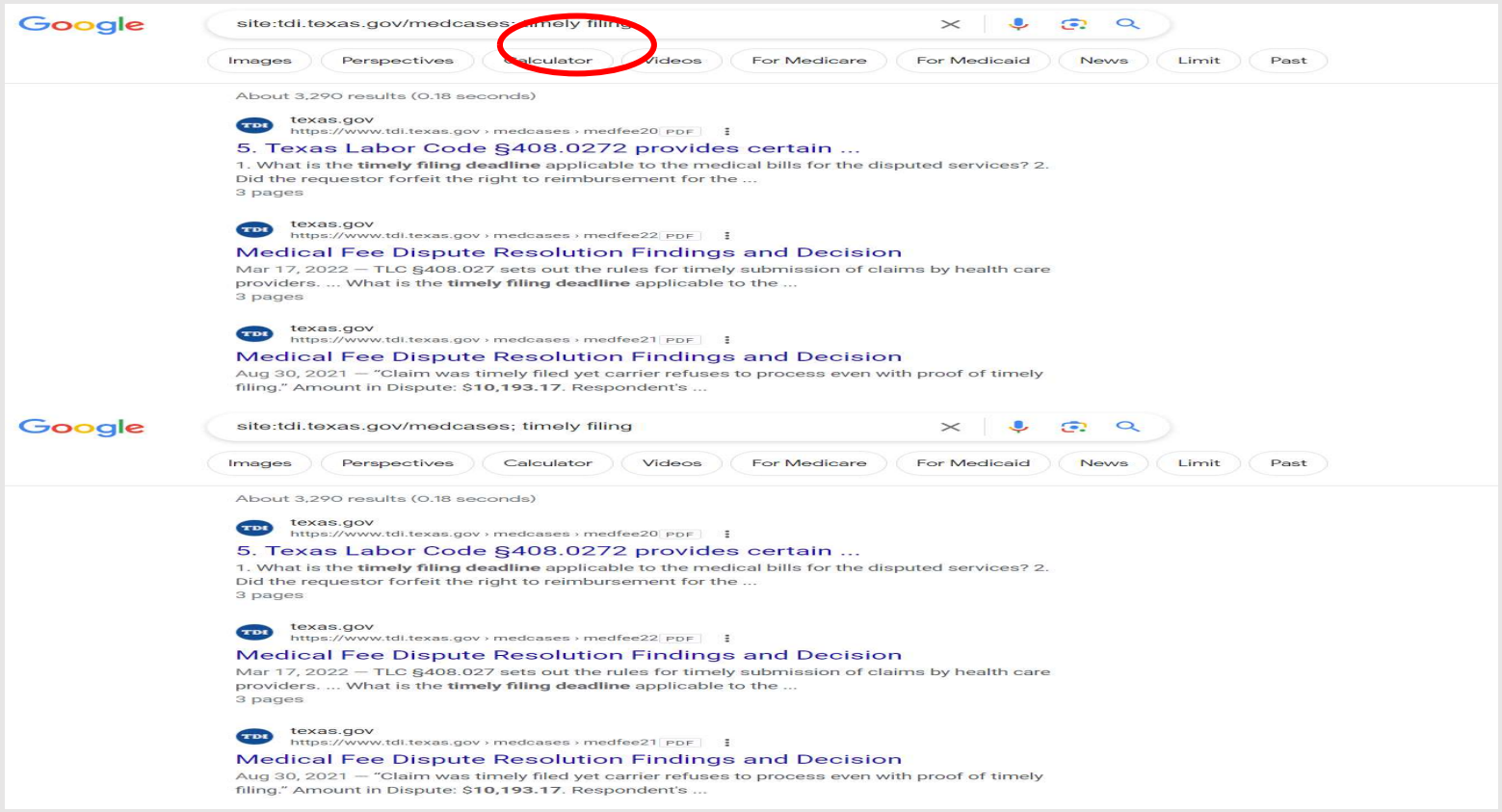
- ✓ Tracking number
- ✓ Date received
- ✓ Date issued
- ✓ Requester
- ✓ Insurance

Google search by keyword or topic

Enter the following and insert your topic or key word after the semicolon



Google search by keyword or topic. Example:



Recap

- What is medical fee dispute?
- Issues that are not addressed through Medical Fee Dispute Resolution (MFDR).
- Filing requirements.
- Frequently asked questions.
- MFDR decision search tools.

Let's flex your knowledge!

NEXT TIME

WORKERS' COMP
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Training
PART 2
2026

RETURN TO WORK FOR HEALTH CARE PROVIDERS >>> and the <<< WORK STATUS REPORT

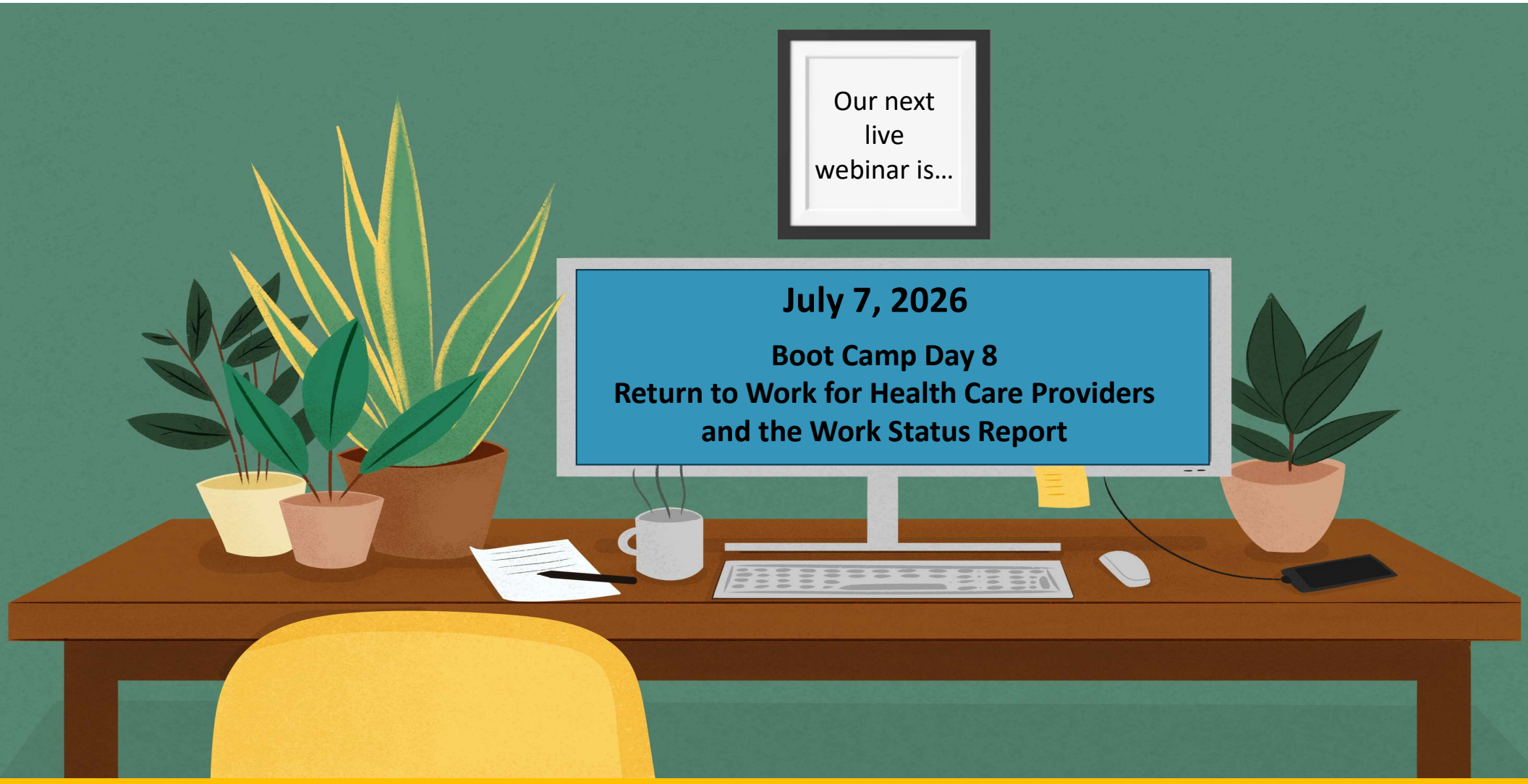
Learning Objectives

- Know the benefits of recovering while on the job and reducing medically unnecessary time away from the job.
- Know how to complete and understand the Work Status Report.
- Know the rule that addresses return to work and the form.

Contact Us

CompConnection:
800-252-7031 option 3

compconnection@tdi.texas.gov


Our next
live
webinar is…
July 7, 2026
Boot Camp Day 8
Return to Work for Health Care Providers
and the Work Status Report

2026 Educational Opportunities

On-demand training videos available.

Access them on the DWC health care provider training and resources page.

tdi.texas.gov/wc/hcprovider/index.html

Live lunchtime webinars on scheduled dates.

Schedule and registration available on the DWC health care provider events and training calendar.

tdi.texas.gov/alert/event/dwchealthcare.html