



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Methodist Dallas Medical Center

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-25-1590-01

**Carrier's Austin Representative**

Box Number 54

**Date Received**

March 12, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 17, 2023 – September 16, 2023	Hospital Inpatient Procedure	\$57,595.39	\$0.00

### Requestor's Position

"Requesting review for extent of injury denial."

**Amount in Dispute:** \$57,595.39

### Respondent's Position

"The disputed date of service 8/17/2023 to 9/16/2023 is greater than one year from the TDI/DWC date-stamp of March 12, 2025, listed on the requestor DWC60 packet and has waived its right to DWC MDR."

**Response Submitted by:** Texas Mutual Insurance

## Findings and Decision

### **Authority**

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### **Statutes and Rules**

1. 28 Texas Administrative Code [\(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §133.240](#) sets out the requirements for submission of a medical bill.

### **Denial Reasons**

The insurance carrier denied payment for the disputed services with the following claim adjustment codes:

- CAC-219 - Based on extent of injury.
- 246 - The treatment/service has been determined to be unrelated to the extent of injury. Final adjudication has not taken place.

### **Issues**

1. Is the insurance carrier's denial for the extent of injury supported?
2. Has the requestor waived their right to medical fee dispute resolution?

### **Findings**

1. 28 TAC §133.305(b) states that if a dispute over the extent of a covered work injury exists for the same service for which there is a medical fee dispute, the dispute regarding the extent of injury shall be resolved prior to the submission of a medical fee dispute.

A review of the documents included with the DWC060 request, finds that the carrier did not provide documentation to the Division to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H).

Because the service in dispute does not contain an unresolved extent of injury issue, this matter is reviewed pursuant to 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

2. The requestor seeks payment in the amount of \$57,595.39, for medical services provided on several dates from August 17, 2023, to September 16, 2023.

28 TAC §133.307 (c) (1) states in the pertinent part, "Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section."

The services in question were performed from August 17, 2023, to September 16, 2023. The medical fee dispute was received by the Division on March 15, 2025. This date is more than a year following the in-question date(s) of service.

28 TAC §133.307 (c) (1) (A) states, "A request for MFDR 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."

A review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division; consequently, the requestor has waived the right to medical fee dispute resolution.

### **Conclusion**

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The Division finds the requestor has not established that reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, the Division has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	April 9, 2025
Signature	Medical Fee Dispute Resolution Officer	Date

### **Your Right to Appeal**

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §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](http://www.tdi.texas.gov/forms/form20numeric.html). The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the DWC Form-045M, call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto: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 the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).