



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Methodist Health Systems

Respondent Name

Dallas ISD

MFDR Tracking Number

M4-25-1684-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 26, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 9, 2023	Emergency Room Visit	\$2,451.31	\$0.00

Requestor's Position

"Seeking review of unpaid bill, Methodist Health System needs clearance to bill patient."

Amount in Dispute: \$2,451.31

Respondent's Position

"A PLN-1-Notice of Denial of Compensability/Liability and Refusal to Pay Benefits was issued on October 24, 2023 ...

"The bill was audited on October 24, 2023. Due to the PLN 1, no allowance was recommended using ANSI Code P6(A):

Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier.

"In addition, the EOB comments state: claim disputed."

Response Submitted by: Argus Claims Management

Findings and Decision

Authority

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

Statutes and Rules

1. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [TLC §413](#) sets out the requirements for medical review.

Denial Reasons

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

- P6A – Based on entitlement to benefits. Reimbursement for this service(s) is being denied based on Notice of Disputed Claim or Controversion by Carrier.
- 29 – The time limit for filing has expired.
- Comment: "CLAIM DISPUTED"

Issues

1. Did Methodist Health Systems forfeit the right to medical fee dispute resolution for the date of service in question?

Findings

1. Methodist Health Systems is seeking reimbursement for emergency services provided on October 9, 2023.

Per 28 TAC §133.307 (c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service, unless a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days after the date the requestor receives the final decision.

The DWC received the medical fee dispute resolution request on March 26, 2025. This is more than one year after date of service October 9, 2023. DWC found no evidence to support that final adjudication of an exception applied to this date of service. TLC §413.042 states, as relevant to this dispute, that a health care provider can not bill an injured employee for all or part of the services in question unless "the injury is finally adjudicated not compensable under this subtitle."

DWC finds that Methodist Health Systems has waived the right to medical fee dispute resolution for this date of service.

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.

DWC finds the requestor has not established that reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 10, 2025

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. 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 1-800-252-7031, 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 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 tres o correo electrónico CompConnection@tdi.texas.gov.