



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

METHODIST HEALTH SYSTEM

**Respondent Name**

LIBERTY MUTUAL FIRE INSURANCE CO

**MFDR Tracking Number**

M4-25-1921-01

**Carrier's Austin Representative**

Box Number 60

**Date Received**

April 16, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 9, 2023	Hospital Outpatient	\$1,645.23	\$0.00

### Requestor's Position

"Requesting review of non-compensability."

**Amount in Dispute:** \$1,645.23

### Respondents' Position

"This bill for DOS 11/09/2023 will not be reviewed as this dispute has been submitted past the timely filing deadline per Rule 133.307 ... The MFDR was filed on 04/16/2025 which is greater than time allotted."

**Response Submitted by:** Liberty 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.

## **Denial Reasons**

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

- 5878 – This is not an accepted Workers' Compensation claim

## **Issues**

1. Does the dispute contain an unresolved compensability issue?
2. Has the requestor waived their right to medical fee dispute resolution?

## **Findings**

1. The requestor seeks payment in the amount of \$1,645.23, for medical services provided on November 9, 2023.

28 TAC §133.307(d) (2) (H) states, "(d) Responses. Responses to a request for MFDR must be legible and submitted to the division and to the requestor in the form and manner prescribed by the division... (2) Response. On receipt of the request, the respondent must provide any missing information not provided by the requestor and known to the respondent. The respondent must also provide the following information and records... (H) If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier must attach any related Plain Language Notice in accordance with §124.2 of this title (concerning Insurance Carrier Reporting and Notification Requirements)."

The disputed services were denied due to an unresolved compensability issue; however, a copy of a PLN was not submitted for consideration in this medical fee dispute review. Under 28 TAC §133.307(d) (2) (H), a copy of PLN is required to substantiate the denial of the compensability issues.

The division determines that the disputed services are reviewed in accordance with the applicable rules and guidelines.

2. The service in question was performed on November 9, 2023. The medical fee dispute was received by the Division on April 16, 2025. This date is more than a year following the in-question date of service.

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."

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**



Signature

Medical Fee Dispute Resolution Officer

April 30, 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](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).