



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

VHS Harlingen Hospital

Respondent Name

Texas Municipal League Intergovernmental

MFDR Tracking Number

M4-25-1997-01

Carrier's Austin Representative

Box Number 19

Date Received

April 28, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 25, 2022 – August 15, 2022	Hospital Services	\$47,057.24	\$0.00

Requestor's Position

"The Hospital's records reflect the patient was injured in a work-related injury. The Hospital billed TEXAS MUNICIPAL LEAGUE ('TML'), but the claim was underpaid as the carrier failed to pay DRG 947 appropriately."

Amount in Dispute: \$47,057.24

Respondent's Position

"The provider filed its DWC 60 approximately 21 months late. Provider was required to file is the DWC 60 with DWC no later than one year following the date of service. See Rule 133.307(c)(l)(A). Failing to have timely filed the DWC 60, the provider is not entitled to medical fee dispute resolution."

Response Submitted by: Flahive, Ogden & Latson

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 reduced or denied payment for the disputed services with the following claim adjustment codes:

- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 468 - Pricing is based on the medical hospital inpatient prospective payment system methodology.
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- 350 - Bill has been identified as a request for reconsideration or appeal.
- 468 - Pricing is based on the medical hospital inpatient prospective payment system methodology.
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- W3 - In accordance with TDI-DWC RULE 134.804, this bill has been identified as a request for reconsideration or appeal.
- A50 - The time limit for filing a request for reconsideration and/or MDR has expired. Please reference DWC RULE 133.307 (D).
- Note: per Provider Taxonomy Clarification, General Acute Care Hospital and not an Inpatient Rehabilitation Hospital therefore reimbursement based on Acute Care Hospital Fee Guideline. No additional amount owed.
- Note: Past timely filing for Reconsideration; no add'l amount due for DRG Code 947

Issues

Has the requestor waived their right to medical fee dispute resolution?

Findings

The requestor seeks payment in the amount of \$47,057.24, for medical services provided on July 25, 2022, through August 15, 2022.

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 on several dates from July 25, 2022, through August 15, 2022. The medical fee dispute was received by the Division on April 28, 2025. This date is more than a year following the in-question dates 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 service does 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	Date

May 22, 2025

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. 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.

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.