



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Methodist Health Systems

Respondent Name

City of Dallas

MFDR Tracking Number

M4-25-2149-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

May 1, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 1, 2024	Emergency Visit	\$5,912.22	\$0.00

Requestor's Position

"Requesting overturn of timely filing denial. The form sent for status showing that the initial bill was filed under incorrect claim number:"

Amount in Dispute: \$5,912.22

Respondent's Position

"Following a comprehensive review of the claim history and accompanying documentation, we have concluded that no employee/employer relationship exists between ... and the City of Dallas. The claim, as disputed by PLN I filed on July 16, 2024, is hereby rejected in its entirety. Consequently, we do not recommend any additional payment."

Response Submitted by: IMO

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 Texas Administrative code \(TAC\) §133.20](#) sets out the procedures for submission of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [The Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
4. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.

Denial Reasons

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

- 29 – The time limit for filing has expired.
- 18 – Exact duplicate claim/service
- 97 - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- M15 - Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
- This item is an integral part of an emergency room visit or surgical procedure and is therefore included in the reimbursement for the facility/APC rate.
- This procedure on this date was previously reviewed.
- P12 – Workers compensation jurisdictional fee schedule adjustment.

Issues

1. Is the requester entitled to reimbursement for the service(s) in dispute?

Findings

1. The requester is seeking reimbursement in the amount of \$5,912.22 for emergency hospital services provided on July 1, 2024. The insurance carrier denied the claim, citing untimely submission of the medical bills.

With a few exceptions, 28 TAC §133.20 (b) and Texas Labor Code (TLC) Sec. §408.027(a) requires the submission of medical bills not later than 95 days from the date of service. TLC §408.0272 (b) provided the exceptions to this requirement, which include:

- The health care provider filed the bill to
 - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured
 - a health maintenance organization that issues evidence of coverage under which the injured employee is a covered enrollee; or
 - a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC §408.0272 (d) also states that the period for submitting a claim for payment may be extended by the agreement of the parties.

The DWC finds there was insufficient evidence that the requester submitted the medical bill to the insurance carrier within 95 days after the date the services were provided. There was insufficient documentation to support that the bill(s) in question qualified for any of the allowed exceptions, nor was there any evidence that an agreement had been reached with the insurance carrier to extend the time limit for filing the medical bills.

The findings established that the requestor did not submit sufficient evidence to support that the medical bills were submitted within 95 days after the dates of service. Therefore, the DWC concludes that the requester is not entitled to reimbursement for the services in question.

Conclusion

The outcome of this medical fee dispute is determined by the evidence presented by both the requestor and the respondent during the adjudication process. While it is acknowledged that not all evidence may have been discussed in detail, all information submitted was duly considered in reaching a resolution.

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

June 16, 2025

Date

Your Right to Appeal

Either party to this medical fee dispute has the right to seek review of this decision under 28 TAC §133.307, which pertains to disputes filed on or after June 1, 2012.

A party wishing to seek 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 adhere to the instructions provided on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. You must submit your request to DWC within 20 days from the date you receive this decision. You can send your request via fax, mail, or by delivering it in person to DWC, using the contact details provided on the form or those of the field office managing your claim. It is imperative that your request is made within the specified timeframe to ensure proper handling of your case. Should you have any questions regarding DWC Form-045M, please contact CompConnection at 1-800-252-7031, option three or email CompConnection@tdi.texas.gov.

When seeking a review of the Medical Fee Dispute Resolution (MFDR) decision, the party initiating the review shall deliver a copy of the request to all other parties involved in the dispute simultaneously with the filing of the request with the Department of Workers' Compensation (DWC). Additionally, it is essential to include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required information as specified 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.