



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

METHODIST HEALTH SYSTEM

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-25-2279-01

Carrier's Austin Representative

Box Number 54

Date Received

May 19, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 20, 2024	Code 99214	\$251.90	\$0.00

Requestor's Position

"This Request for Reconsideration of adjusted and/or disputed amounts is due to:

336 – DOS Not Paid."

Amount in Dispute: \$251.90

Respondents' Position

"Texas Mutual has reviewed the DWC-60 submitted by METHODIST DALLAS MEDICAL CENTER.

The disputed date of service 03/20/2024 to 03/20/2024 is greater than one year from the TDI/DWC date-stamp of May 19, 2025, listed on the requestor DWC60 packet and has waived its right to DWC MDR."

Response Submitted by: Texas Mutual

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:

- CAC-P12 Workers' Compensation Jurisdictional fee schedule adjustment
- CAC-219 Based on extent of injury
- 246 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
- 714 – Accurate license, CPT /HCPCS, NDC #, Dates, Units, Days supply, modifiers are required. Submit corrections w/I 95 days from DOS

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 \$251.90, for medical services provided on March 20, 2024.

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 March 20, 2024. The medical fee dispute was received by the Division on May 19, 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

	June 12, 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. 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.