



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Methodist Health Systems

Respondent Name

Fedex Freight Inc

MFDR Tracking Number

M4-25-2285-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 19, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 3, 2024	Minor Procedure	\$728.32	\$0.00

Requestor's Position

"Requesting review of compensability. Payer does not provide eob's."

Amount in Dispute: \$728.32

Respondent's Position

"The provider did not file its DWC 60 with the division until May 19, 2025. It was required to file the request for Medical Fee Dispute Resolution with the Division no later than one year following the April 3, 2024 date of service. ...The provider is not entitled to any payment."

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 \(TAC\) §133.307](#) 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:

- P2 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier.
- 177 – Claim denied because this is not a work related injury/illness and thus not the liability of the workers' compensation carrier.

Issues

1. Is the requestor's position statement supported?
2. Was the required PLN11 submitted in support of explanation of benefit denial?
3. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The requestor is seeking payment of outpatient hospital services rendered in April of 2024. The requestor's position statement is asking for reconsideration of compensability, and that the insurance carrier does not provide eobs. Review of the information submitted by the respondent included a denial of the disputed date of service dated May 1, 2024. The requestor's position statement is therefore not supported.
2. The explanation of benefits submitted indicates a denial of P2 – "Not a work-related injury/illness and thus not the liability of the workers' compensation carrier and 177 – Claim denied because this is not a work-related injury/illness and thus not the liability of the workers' compensation carrier. DWC Rule 28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

DWC Rule 28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

Review of the submitted information finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2. The insurance carrier's denial reason is therefore not supported. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

3. The requestor is seeking payment for DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

(A) A request for medical fee dispute resolution 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.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The dates of the service in dispute are April 3, 2024. The request for medical dispute resolution was received at the Division on May 19, 2025.

Review of the submitted documentation found that while the insurance carrier denied for liability/extent, a copy of a PLN11 or PLN1 was not included with the medical fee dispute resolution response as required by §133.307(d)(2)(H). Therefore, there is insufficient evidence of an exception as detailed above. The requestor has therefore waived their right to MFDR for date of service, April 3, 2024.

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 requester 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

		June 11, 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. 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 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 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 3 o correo electrónico CompConnection@tdi.texas.gov.