



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MISSION TRAIL BAPTIST HOSPITAL

**Respondent Name**

ARCH INDEMNITY INSURANCE CO.

**MFDR Tracking Number**

M4-25-2324-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 21, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 28, 2023	Outpatient Hospital services	\$14,200.01	\$0.00

### Requestor's Position

"The Hospital's records reflect the patient was injured in work related injury. The Hospital provided the medically necessary services on the above dates of service. The Hospital billed SEDGWICK, but the bill was denied... We are requesting that Medical Fee Dispute Resolution be filed with TDI in this matter."

**Amount in Dispute:** \$14,200.01

### Respondent's Position

"The provider filed a DWC 60, seeking Medical Fee Dispute Resolution for a date of service of June 28, 2023. The DWC 60 was filed with DWC on May 21, 2025. It was required to be filed no later than one year following the date of service. See rule 133.307(c)(1)(A). Since the DWC 60 was not timely filed, 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 \(TAC\) §133.307](#) sets out the procedures for Medical Fee Dispute Resolution (MFDR) requests.

### Adjustment Reasons

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

- 4271 – PER TX LABOR CODE SEC. 408.027, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.
- 29 - THE TIME LIMIT FOR FILING CLAIM/BILL HAS EXPIRED.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. No additional allowance appears to be warranted.
- 2005 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
- 5094 – DWC requires request for reconsideration or corrected claim to be submitted within 10 months of the date of service.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- W3 – BILL IS A RECONSIDERATION OR APPEAL.
- MA46 – The new information was considered but additional payment will not be issued.

### Issues

1. Has the requestor waived its right to medical fee dispute resolution (MFDR)?

## Findings

1. The requestor is seeking reimbursement for outpatient hospital surgery services rendered on disputed date of service, June 28, 2023. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on May 21, 2025.

28 (TAC) §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution (MFDR) requests. It requires a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute. 28 TAC §133.307(c)(1)(B) sets out those exceptions, stating, "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 disputed date of service is June 28, 2023. On May 21, 2025, DWC received the DWC060 request form. The disputed service does not meet any of the exceptions specified in 28 TAC 133.307(c)(1)(B), according to an examination of the submitted documentation. DWC finds that more than a year has passed since the disputed date of service and the request for medical fee dispute resolution was submitted.

According to DWC, the requestor has forfeited its right to MFDR and is not eligible for Medical Fee Dispute Resolution review.

## 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 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:**

June 9, 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](http://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](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 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](mailto:CompConnection@TDI.Texas.gov)