

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

METHODIST HEALTH
SYSTEMS

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-25-2508-01

Carrier's Austin Representative

Box Number 54

Date Received

June 9, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 29, 2023	Emergency room visit	\$475.71	\$0.00

Requestor's Position

"Requesting reconsideration of timely denial."

Amount in Dispute: \$475.71

Respondent's Position

"One year from disputed date of service 03/29/2023 would have been 03/29/2024. The TDI/DWC date stamp lists the received date as 06/09/2025 on the requestor's DWC-60 packet, a date greater than one year. The requestor 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:

- 731 45 – 134.801 & 133.20 Provider shall not submit a medical bill later than the 95th day after the date of service for service on or after 9/1/05.
- 926 P12 – Request for reimbursement was previously submitted by another entity. Refer to Rule 140.8 (I)
- 928 29 – HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included
- CAC-P12 – Workers' Compensation Jurisdictional fee schedule adjustment
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC-138 – Appeal procedures not followed, or time limits not met
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- CAC-29 – The time limit for filing has expired
- DC4 – No additional reimbursement allowed after reconsideration. For information call (888) 532-5246
- 731 – Per 133.20(B) Provider shall not submit a medical bill later than the 95th day after the date the service
- 879 – Rule 133.250(B) health care provider shall submit the request for reconsideration no later than 10 months from the date of service

Issues

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

Findings

1. The requestor seeks payment in the amount of \$475.71, for emergency room services provided on March 29, 2023.

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 service in question was performed on March 29, 2023. The medical fee dispute was received by the Division on June 9, 2025. This date is more than a year following the in-question date(s) 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

June 20, 2025

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 electronico CompConnection@tdi.texas.gov.