



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Methodist Dallas Medical Center

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-25-2524-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 10, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 5 – 6, 2024	Emergency visit	\$9,050.79	\$0.00

Requester's Position

"Requesting review of timely denial."

Supplemental response submitted October 27, 2025

"Sedwick refuses to provide eob's. We were told via bill review chat on the Sedgwick website that the bill denied for timely filing."

Amount in Dispute: \$9,050.79

Respondent's Position

The Austin carrier representative for AIU Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on June 12, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission.
3. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- Neither party submitted an explanation of benefits related to the disputed charges.

Issues

1. Did the requester support timely submission of medical claim?

Findings

1. The requester is seeking reimbursement of outpatient hospital services rendered from August 5 – 6, 2024. The requester indicates the claim was denied for untimely submission.
DWC Rule 28 TAC §133.20 (b) states in pertinent part,
(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.
Texas Labor Code 408.0272. (b) states in pertinent part,
(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:
 - (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

- (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
- (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
- (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found the requester's request for reconsideration dated May 1, 2025 states, "We did not learn of work comp until 3/23/25." Review of the documents submitted with this request for MFDR found on page 8 of the documents under "Accident Information" the information, Accident Type: Workers' Compensation, Place of Injury: Work, Injury date/time (redacted). Based on this review the provider was aware at the time the services were rendered the injury were a result of a work related injury and covered through workers compensation insurance.

DWC finds there is insufficient information to support any of the exceptions described above or that a claim was submitted to the insurance carrier prior to medical claim created on May 1, 2025. No payment is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the Methodist Dallas Medical Center has not established that reimbursement of \$9,050.79 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		October 28, 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.