



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Methodist Health Systems

**Respondent Name**

Praetorian Insurance Co.

**MFDR Tracking Number**

M4-25-2605-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

June 18, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 6, 2023	Emergency visit	\$471.28	\$0.00

### Requester's Position

"Requesting review of timely denial. We did not learn of a work comp claim until 6/19/24..."

**Amount in Dispute:** \$471.28

### Respondent's Position

"The provider filed a request for Medical Fee Dispute Resolution for a date of service of December 6, 2023. The provider filed with DWC on June 18, 2025. The provider was required to file its request with DWC no later than one year following the date of service... The provider did not timely submit its initial medical bill to the carrier... The provider is not entitled to any reimbursement."

**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:

- 29 - THE TIME LIMIT FOR FILING HAS EXPIRED.
- 4271 – PER TX LABOR CODE SEC. 408.027, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.
- 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. Therefore, no additional allowance appears to be warranted.
- 5094 - DWC requires a request for reconsideration or corrected claims to be submitted within 10 months of the date of service.
- 5343 - Please note this is the Reconsideration for a prior review.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### Issues

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

### Findings

1. The requester is seeking reimbursement for emergency room services rendered on disputed date of service, December 6, 2023. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on June 18, 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 requester 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 requester 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 December 6, 2023. On June 18, 2025, DWC received the DWC060 request form. The disputed service does 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 requester 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 requester 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 requester is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature:**

July 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)