TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**
Methodist Health Systems

**Respondent Name**
City of Dallas

**MFDR Tracking Number**
M4-25-2620-01

**Carrier's Austin Representative**
Box Number 53

**DWC Date Received**
June 17, 2025

## Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| October 25, 2024 | Emergency Visit | $522.15 | $0.00 |

## Requester's Position

"This bill and appeal denied as "fee schedule adjustment," but has not been paid."

**Amount in Dispute:** $522.15

## Respondent's Position

"We are in receipt of the Medical Fee Dispute Resolution concerning injured employee (redacted) from Methodist Health System for dates of service 10/25/2024 Based on the submitted documentation and review of guidelines a payment is not recommended. Date of service 10/24/2024 is past timely filing."

**Response Submitted by:** Injury Management Organization, Inc.

## Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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) §133.20 sets out the procedures for submission of a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. The Texas Labor Code (TLC) §408.027 sets out the rules for timely submission of claims by health care providers.
4. TLC §408.0272 sets out the exceptions to the timely filing of a medical bill.
5. 28 TAC §141.1 sets out the guidelines for dispute resolution—benefit review conference.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 29 – The time limit for filing has expired.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.

Issues

1. Is the requester entitled to reimbursement for the disputed service(s)?

Findings

1. The requester is seeking reimbursement in the amount of $522.15 for outpatient emergency room services provided on October 25, 2024. The insurance carrier denied the claim, citing untimely submission of the medical bills.

   According to 28 Texas Administrative Code (TAC) §133.20(b) and Texas Labor Code (TLC) §408.027(a), medical bills must be submitted no later than 95 days after the date the services are provided. Exceptions to this rule are outlined in TLC §408.0272(b), which allows for late submission if the provider billed:

   - An insurer that issued a group accident and health insurance policy under which the injured employee was covered;
   - A health maintenance organization that issued evidence of coverage for the injured employee;
   - A workers' compensation insurance carrier other than the one liable for payment of benefits; or
   - If the commissioner determines that a catastrophic event substantially interferes with the provider's normal business operations.

TLC §408.0272(d) also provides that the submission deadline may be extended by mutual agreement of the parties.

Upon review, the Division of Workers' Compensation (DWC) found insufficient evidence that the medical bills were submitted to the insurance carrier within 95 days after the service date. There was also no supporting documentation indicating that the bills qualified for any of the stated exceptions, nor any evidence of an agreement between the parties to extend the filing deadline.

Based on the evidence presented, the requester did not demonstrate timely submission or eligibility under an exception. Therefore, the DWC concludes that the requester is not entitled to reimbursement for the services in dispute.

Conclusion

The resolution of this medical fee dispute is based on the evidence submitted by both the requester and the respondent. While not every piece of evidence is discussed in detail, all materials were reviewed and considered.

The DWC finds that the requester has not established entitlement to reimbursement.

## 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 21, 2025 |
| Signature | Medical Fee Dispute Resolution Officer | Date |

## Your Right to Appeal

Either party involved in this medical fee dispute has the right to request a review of this decision under 28 TAC §133.307, which applies to disputes filed on or after June 1, 2012.

To initiate a request for review, the party must complete and submit *DWC Form-045M, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD),* in accordance with the instructions set forth on the form. This form may be accessed at www.tdi.texas.gov/forms/form20numeric.html.

The completed request must be submitted to the Texas Department of Insurance, Division of Workers' Compensation (DWC), within twenty (20) days of receipt of this decision. Submissions may be made via facsimile, postal mail, or personal delivery, using the contact information provided on the form or that of the appropriate DWC field office managing the claim. Timely submission is essential to ensure that the request is considered and processed appropriately.

The party requesting a review must also send a copy of the request to all other parties involved in the dispute at the same time as it is submitted to the Division of Workers' Compensation (DWC).

The request must also include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required documents listed in 28 TAC §141.1(d).

For any inquiries regarding *DWC Form-045M*, please contact CompConnection at 1-800-252-7031 (option 3) or via email at CompConnection@tdi.texas.gov.