



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

METHODIST HEALTH SYSTEM

**Respondent Name**

ZURICH AMERICAN INS CO OF ILLINOIS

**MFDR Tracking Number**

M4-25-2693-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

June 26, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 4, 2023 to February 15, 2023	Inpatient Hospital	\$32,188.82	\$0.00
<b>Total</b>		\$32,188.82	\$0.00

### Requester's Position

This initial bill denied for timely filing. The appeal contained proof of timely with evidence of being filed with Humana.

**Amount in Dispute:** \$32,188.82

### Respondent's Position

The provider is not entitled to Medical Fee Dispute resolution because the provider failed to timely submit its DWC-60. Specifically, the provider was required to file a request for medical fee dispute resolution no later than one year after the date of service. The provider not having timely filed the dispute, the provider is not entitled to medical fee dispute resolution. Accordingly, the provider should withdraw its request for medical fee dispute resolution or the medical review division should dismiss it.

## **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 \(TAC\) §133.305](#) 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 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, provider must submit bills to payors within 95 days of the date of service
- \*90096 – The time limit for filing has expired
- \*5721 – To avoid duplicate bill denial for all reconsideration/adjustments/additional payment requests, submit a copy of this EOR or clear notati
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### Issues

1. Is the Requester eligible for DWC medical fee dispute resolution for the services in question?

### Findings

1. The requester is seeking reimbursement for Inpatient Hospital services provided on February 4, 2023 to February 15, 2023. According to 28 Texas Administrative Code (TAC) §133.307(c)(1), a request for Medical Fee Dispute Resolution (MFDR) must be submitted no later than one year after the date of the disputed service, except in certain limited circumstances outlined in subsection (B) of the same provision.

Specifically, 28 TAC §133.307(c)(1)(B) allows for a later filing if one of the following conditions applies:

- (i) A related dispute concerning compensability, extent of injury, or liability under Labor Code Chapter 410 has been filed. In such cases, the medical fee dispute must be submitted

within 60 days after the requester receives the final decision on compensability, extent of injury, or liability, including all appeals.

- (ii) A dispute regarding medical necessity has been filed. Here, the medical fee dispute must be filed within 60 days after the requester receives the final decision on medical necessity, including all appeals, for the specific health care services in question that were previously denied by the insurance carrier on the basis of medical necessity.
- (iii) The dispute arises from a refund notice issued following a division audit or review. In this situation, the medical fee dispute must be filed within 60 days after the requester receives the refund notice.

In this case, Inpatient Hospital were provided on February 4, 2023 to February 15, 2023. The Division received the MFDR request on June 26, 2025, which is more than one year after the date(s) of service. Upon review of the documentation provided, there is no indication that the dispute falls within any of the exceptions described in 28 TAC §133.307(c)(1)(B).

Therefore, the Division concludes that the requester failed to file the MFDR request within the required timeframe and has consequently waived the right to pursue Medical Fee Dispute Resolution for this claim

**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.

The Division finds the requester has not established that reimbursement is due.

**Order**

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

**Authorized Signature**

[Redacted Signature]

Signature

Medical Fee Dispute Resolution Officer

July 18, 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](http://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](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 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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).