



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

METHODIST HEALTH SYSTEM

Respondent Name

XL INSURANCE AMERICA INC

MFDR Tracking Number

M4-25-2717-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 24, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 10, 2024	Emergency visit	\$1,223.58	\$0.00
Total		\$1, 223.58	\$0.00

Requester's Position

This bill has been denied in error. Provider License #750800661 showing in box 57 of UB, NPI # 1487271375 in box 56 on UB, and Attending #1164833927 showing in box 76 of UB.

Amount in Dispute: \$1,223.58

Respondent's Position

This medical dispute concerns services provided by Methodist Health Systems associated with dates of service January 10, 2024/ January 10, 2024. The request for medical dispute resolution is not timely.

Under Division Rule 133.307(c)(1)(A), a request for Medical Fee Dispute Resolution must be provided within one year of the date of service. It does not appear that Methodist Health System's request for medical fee dispute resolution was made until June 24, 2025. Accordingly, the dates of services at issue is outside of the one-year deadline and the Division lacks

jurisdiction to consider this dispute.

Response Submitted by: ESIS

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:

- 1 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication (ANSI16)
- 2 A technical Bill review (TBR) has been performed (ETBR)
- 3 – Bill is denied, invalid/missing healthcare provider license number. Please re-submit with appropriate license number for review (SR101)
- 4 Bill is denied; invalid/missing referring provider license number. Please re-submit with appropriate license number for review (SR107)

Issues

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

Dismissal

1. The requester is seeking reimbursement for emergency visit service provided on January 10, 2024. 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, emergency visit were provided on January 10, 2024. The Division received the MFDR request on June 24, 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

	July 11, 2025
Signature	Date
Medical Fee Dispute Resolution Officer	

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 electrónico CompConnection@tdi.texas.gov.