

## Medical Fee Dispute Resolution Findings and Decision General Information

**Requester Name**

Methodist Dallas Medical Center

**Respondent Name**

National Casualty Co

**MFDR Tracking Number**

M4-25-2811-01

**Carrier's Austin Representative**

Box Number 06

**MFDR Date Received**

July 8, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 18, 2025 through March 4, 2025	Emergency/inpatient	\$61,830.74	\$0.00
<b>Total</b>		\$61,830.74	\$0.00

### Requester's Position

"Requesting overturn of authorization denial. This was initially an emergency visit turned into an inpatient procedure stay."

**Amount in Dispute:** \$61,830.74

### Respondent's Position

"...we have escalated the bills in question for manual review to determine if additional monies are owed."

**Response Submitted by:** Gallagher Bassett

## 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 §133.2](#) sets out the definition of an emergency.
3. [28 TAC §134.600](#) sets out the requirements of prior authorization.

### Denial Reason(s)

The insurance carrier reduced or denied payment for the disputed services with the following claim adjustment code(s):

- 000050 – 01-Services not authorized as required.

### Issues

1. Did the facility charges in dispute require preauthorization?
2. Is the requester's position statement supported?

### Findings

1. The requestor, Methodist Dallas Medical Center requested reimbursement for inpatient hospital charges provided in from February 18, 2025 through March 4, 2025.

The insurance carrier denied the services for lack of authorized as required.

DWC Rule 28 TAC §134.600 (p)(1) states in pertinent part, Non-emergency health care requiring preauthorization includes:

- (1) inpatient hospital admissions, including the principal scheduled procedure(s) and the length of stay;

DWC finds prior authorization was required.

2. The requestor submitted the dispute requesting reimbursement for the disputed services as governed by the Texas Labor Code (TLC) legislation and rules, including 28 TAC §133.307. The requestor's position statement asserts as the services were an emergency the prior authorization denial could be overturned.

DWC Rule 28 TAC §133.2 sets out the definition of an emergency.

- (1) Emergency--Either a medical or mental health emergency as follows:
- (A) a medical emergency is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:
    - (i) placing the patient's health or bodily functions in serious jeopardy, or
    - (ii) serious dysfunction of any body organ or part;
  - (B) a mental health emergency is a condition that could reasonably be expected to present danger to the person experiencing the mental health condition or another person.

The statement and the supporting documentation did not provide a basis or explanation to conclude that the date of service in dispute was emergency care.

The provider has therefore failed to meet its burden of proof to establish that the date of service in dispute was emergency care. As a result, DWC finds that the insurance carrier is not liable for the facility charges rendered.

TAC §133.307(c)(2)(N) requires a position statement including: (i) the requestor's reasoning for why the disputed fees should be paid or refunded, (ii) how the Labor Code and DWC rules, including fee guidelines, impact the disputed fee issues, and (iii) how the submitted documentation supports the requestor's position for each disputed fee issue.

DWC finds that the position statement did not explain how the care provided on the disputed date of service was emergency care under 28 TAC §133.2. No payment is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered. DWC concludes that the insurance carrier is not liable for the disputed services.

### **Order**

Based on the submitted information, pursuant to the Texas Labor Code 413.031, the DWC hereby determines the requestor is entitled to \$0.00 reimbursement for the services in dispute.

### **Authorized Signature**

\_\_\_\_\_  
Signature

September 25, 2025  
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 three, 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 512-804-4812.