



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Methodist Health Systems

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-25-2814-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 8, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 24, 2024	Minor procedure	\$981.63	\$0.00

Requestor's Position

"Requesting review of authorization denial."

Amount in Dispute: \$981.63

Respondent's Position

"Our supplemental response for the above referenced medical fee dispute resolution is as follows: The bills in question were escalated and review completed. Our bill audit company has determined that no further payment is due... The services were not pre-authorized."

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 §133.305](#) sets out general medical provisions for dispute of medical bills.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.600](#) sets out the requirements of prior authorization.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 00663 – Reimbursement has been calculated based on the state guidelines.
- 193/90563 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 31065 – This service was not pre-authorized in conformance with TWCC Rule 134.600

Issues

1. Was prior authorization required?

Findings

1. The requestor is seeking reimbursement for outpatient hospital services provided in October of 2024. According to DWC Rule 134.600 (p)(2), non-emergency health care requiring preauthorization includes outpatient surgical or ambulatory surgical services.

A review of the submitted medical records reveals that an excisional debridement was performed. However, there is no evidence that the required prior authorization was obtained for this procedure.

The DWC finds that the insurance carrier's denial is supported, and reimbursement is not 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 finds the requester has not established that reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 11, 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. 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.

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.