



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Methodist Health Systems

**Respondent Name**

Safety National Casualty Corporation

**MFDR Tracking Number**

M4-25-2842-01

**Carrier's Austin Representative**

Box Number 19

**Date Received**

July 8, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 3, 2023	Emergency Visit	\$475.71	\$0.00

### Requester's Position

"Requesting review of timely filing."

**Amount in Dispute:** \$475.71

### Respondent's Position

"The service in question was performed on 03/03/23. This date is more than a year following the in question date( s) of service. Per rule 133. 307 ( c ) ( 1 ) ( A) states, 'A request for MFDR that does not involve issues identified in subparagraph ( B) of this paragraph shall be filed no later than one year after the date( s) of service in dispute.' The requestor has failed to timely file this dispute with the Division; consequently, the requestor has waived the right to medical fee dispute resolution."

**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 [\(TAC\) §133.305](#) 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, 90096 - The time limit for filing has expired.
- 5721 - To avoid duplicate bill denial, for all reconsiderations/ adjustments/ additional payment requests, submit a copy of this EOR or clear notation that a recon is
- 4271 - Per TX Labor code sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

## **Issues**

Has the requester waived their right to medical fee dispute resolution?

## **Findings**

The requester seeks payment in the amount of \$475.71, for medical services provided on March 3, 2023.

28 TAC §133.307 (c) (1) states in the pertinent part, "Timeliness. A requester must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section."

The service in question was performed on March 3, 2023. The medical fee dispute was received by the Division on July 8, 2025. This date is more than a year following the in-question date(s) of service.

28 TAC §133.307 (c) (1) (A) states, "A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

A review of the submitted documentation finds that the disputed service does not involve issues identified in 28 TAC §133.307 (c) (1) (B).

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.

The Division concludes that the requester has failed to timely file this dispute with the Division; consequently, the requester has waived the right to medical fee dispute resolution.

### **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 31, 2025
Signature	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). 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).