



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

METHODIST HEALTH SYSTEMS

**Respondent Name**

TEXAS MUNICIPAL LEAGUE INTERGOVERNMENTAL RISK

**MFDR Tracking Number**

M4-25-2918-01

**Carrier's Austin Representative**

Box Number 19

**Date Received**

July 9, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 28, 2024	Emergency visit	\$1,661.58	\$0.00

### Requester's Position

"REQUESTING REVIEW OF UNPAID DOS. APPEAL DENIED AS AN ORIGINAL ATTACHED A COPY OF LETTER FILLED OUT BY EMPLOYER."

**Amount in Dispute:** \$1,661.58

### Respondent's Position

"The provider was required to file a request for Medical Fee Dispute Resolution no later than one year following the date of service. That date of service was May 28, 2024, yet the provider did not file its DWC 60 until July 9, 2025. Since rule 133.307 (c)(1)(A) requires the filing within one year of date of service, the provider is late and is not entitled to Medical Fee Dispute Resolution."

**Response Submitted by:** Flahive Ogden & Latson

### 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 reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 29 -The time limit for filing has expired
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- 109 – Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor
- XAC – Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor
- 618 – The value of this procedure is packaged into the payment of other services performed on the same date of service
- 200 – Per 133.20, a medical bill shall not be submitted later than the 1<sup>st</sup> day of the 11<sup>th</sup> month (<08/31/05) or 95 days (>09/01/05) after dos

## **Issues**

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

## **Findings**

The Requester seeks payment in the amount of \$1,661.58, for medical services provided on May 28, 2024.

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 May 28, 2024. The medical fee dispute was received by the Division on July 9, 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(s) do not involve issues identified in 28 TAC §133.307 (c) (1) (B). 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 services in dispute.

### **Authorized Signature**

	August 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](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).