



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

METHODIST HEALTH SYSTEM

**Respondent Name**

ACE AMERICAN INSURANCE CO

**MFDR Tracking Number**

M4-25-3124-01

**Carrier's Austin Representative**

Box Number 15

**Date Received**

July 28, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 27, 2024	Emergency room visit	\$687.11	\$0.00
<b>Total</b>		\$687.11	\$0.00

### Requester's Position

"REQUESTING REVIEW OF AUTHORIZATION DENIAL ON AN EMERGENCY VISIT."

**Amount in Dispute:** \$687.11

### Respondent's Supplemental Position

"Rationale: The service in question was performed on 01/27/24. This date is more than a year following the in question date(s) of service .... 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 \(TLC\) §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:

- 00663 – Reimbursement has been calculated on the state guidelines
- 90563 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 193 – 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
- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract, or carrier decision

### **Issues**

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

### **Findings**

1. The requester is seeking reimbursement for Emergency room visit services provided on January 27, 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 based on 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 room visit were provided on January 27, 2024. The Division received the MFDR request on July 28, 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).

The Division finds the requester has not established that reimbursement is due.

### Conclusion

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.

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.

## **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**

[Redacted Signature]

Signature

Medical Fee Dispute Resolution Officer

August 22, 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](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).