



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Methodist Health Systems

**Respondent Name**

City of Arlington

**MFDR Tracking Number**

M4-25-3431-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

August 28, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 11, 2024 – September 24, 2024	Occupational Therapy	\$303.48	\$0.00

### Requester's Position

"Requesting review of timely filing."

**Amount in Dispute:** \$303.48

### Respondent's Position

The Austin carrier representative for City of Arlington is Flahive, Ogden and Latson. The representative was notified of this medical fee dispute on August 29, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

### 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 §133.20](#) sets out requirements of medical bill submission.
3. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.
4. [28 TAC 134.600](#) sets out the requirements of prior authorization.

## Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 29 – The time limit for filing has expired.
- 198 – Precertification/notification/authorization/pre-treatment exceeded.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – TDI level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of the title.

## Issues

1. Did the requester support timely submission of medical claim for date of service September 11, 2024?
2. Did the requester support the services received prior authorization for date of service, September 24, 2024?
3. Is the requester entitled to reimbursement?

## Findings

1. The requester is seeking reimbursement of outpatient occupational services rendered on September 11, 2024. The insurance carrier denied the services stating the medical bill was not submitted within 95 days of the date of service.

DWC Rule 28 TAC §133.20 (b) states in pertinent part,

(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

(A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;

(B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or

(C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found the requester did not submit any evidence of timely claim submission. The explanation of benefits indicates the claim was first received on December 17, 2024. This is past 95 days of the date of service. DWC finds there is insufficient information to support any of the exceptions described above. No payment is recommended for date of service September 11, 2024.

2. The date of service September 24, 2024 was denied for lack of prior authorization. DWC Rule §134.600 (p)(5) states in pertinent part, Non-emergency health care requiring preauthorization include physical and occupational therapy services...

Review of the information submitted with this request for MFDR did not contain sufficient evidence to support the required prior authorization was obtained. The insurance carrier's denial is supported. No payment is recommended.

3. The requester sought reimbursement of occupational services rendered in September of 2024 at an outpatient hospital setting. Review of the information found the date of service September 11, 2024 was not submitted within 95 days. The date of service September 24, 2024 had no evidence of required prior authorization. DWC finds no reimbursement can be recommended.

## 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.

DWC finds the Methodist Health Systems has not established that reimbursement of \$303.48 is due.

## Order

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

### Authorized Signature

_____	_____	October 17, 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). 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](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 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).