WORKERS' COMP

BOOT CAMP

Training

PART 2

2025

HEALTH CARE PROVIDER

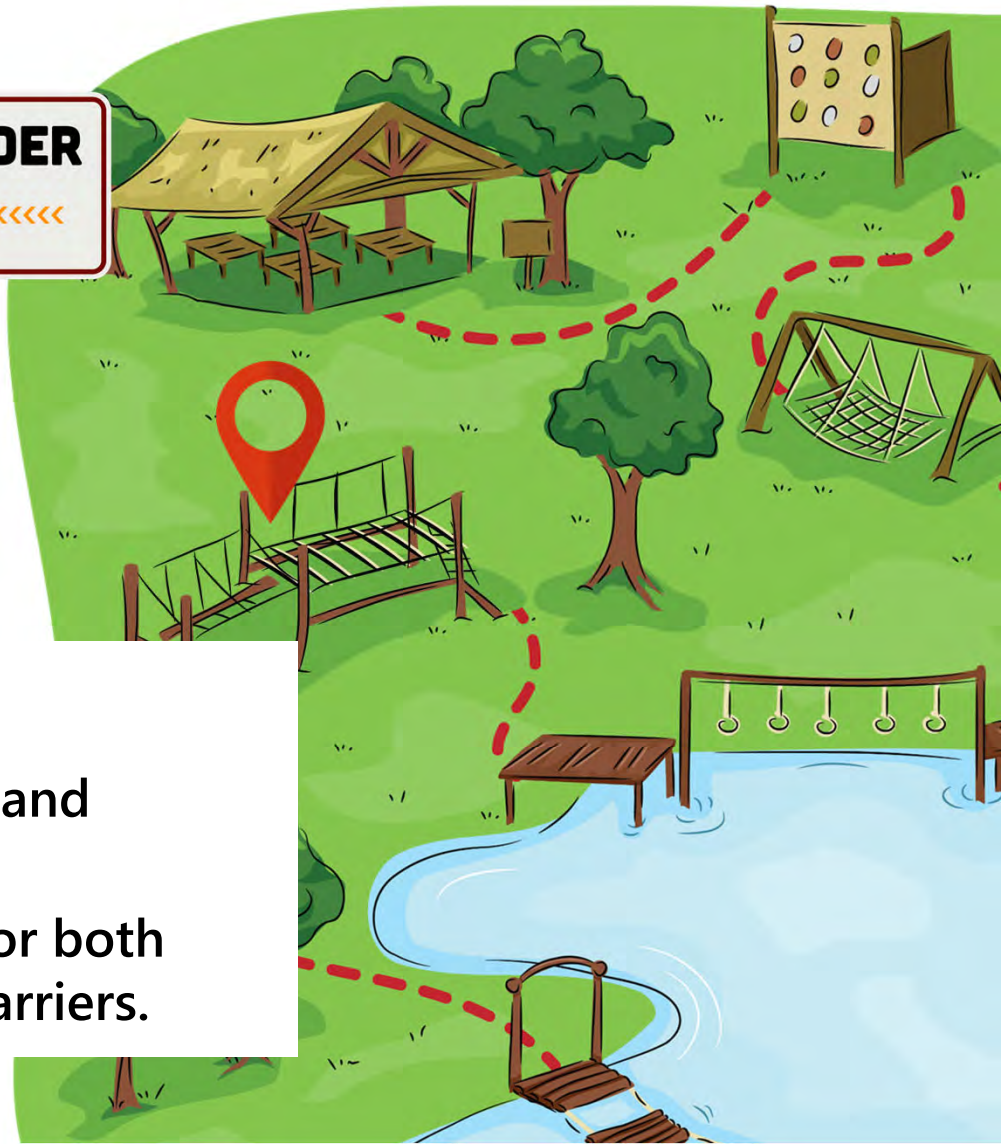
Billing Procedures

TDI Division of Workers' Compensation

WORKERS' COMP BOOT CAMP Training PART 2 2025

HEALTH CARE PROVIDER

Billing Procedures



Learning Objectives

- Know the billing rules for completing and submitting a bill.
- Understand the deadlines and steps for both health care providers and insurance carriers.

Disclaimer

This presentation is for educational purposes only and provides general information. It is not a substitute for a full review of statutes and rules.

System participants are responsible for knowing and complying with the applicable sections of the Texas Insurance Code (Insurance Code), Texas Labor Code (Labor Code), and Texas Administrative Code (TAC).

Any opinions expressed by the speakers are personal and do not constitute or reflect any statement of policy by the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Health Care Provider Billing Procedures

Division of Workers' Compensation
2025

Overview

- Billing rules.
- Completing a medical bill and CMS 1500 instructions.
- Submitting a medical bill.
- Required medical documentation (non-network).
- Insurance carrier medical bill processing.
- Request for reconsideration.

Overview

- Billing rules.
- Completing a medical bill and CMS 1500 instructions.
- Submitting a medical bill.
- Required medical documentation (non-network).
- Insurance carrier medical bill processing.
- Request for reconsideration.
- Resources.

Workers' Compensation Billing Rules

28 TAC Chapter 133. General Medical Provisions

Chapter 133 Subchapters

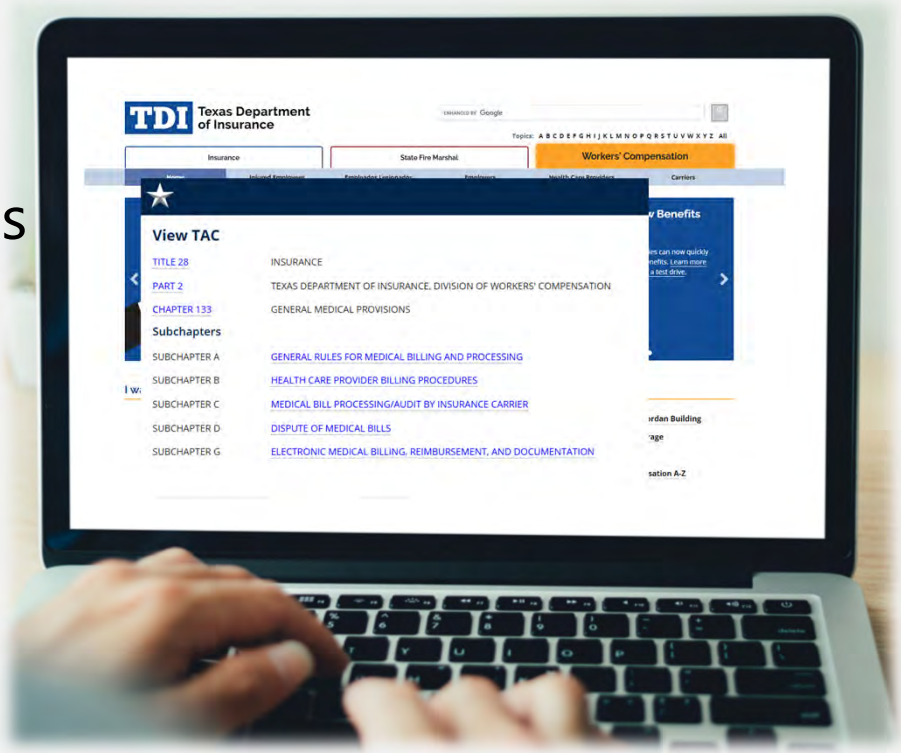
A. General Rules for Medical Billing and Processing

B. Health Care Provider Billing Procedures

C. Medical Bill Processing/Audit by Insurance Carrier

D. Dispute of Medical Bills

G. Electronic Medical Billing, Reimbursement and Documentation.



Chapter 133 Applicability

28 TAC Chapter 133 billing rules apply to:

- Non-network claims, and
- Workers' compensation health care network claims with the following exceptions:

  (1) Subchapter D of this chapter (relating to Dispute of Medical Bills);

  (2) Sec. 133.210(f) of this chapter (relating to Medical Documentation); and

  (3) Sec. 133.240(b) and (i) of this chapter (relating to Medical Payments and Denials).

Medical Bill Formats

Health care providers will either bill by paper or electronically, using the following formats found in:

- 28 TAC 133.10. Required Billing Forms/Formats (paper billing instructions), or
- 28 TAC 133.500. Electronic Formats for Electronic Medical Bill Processing.

Medical Bill Charges and Coding

- The amount charged does not exceed usual and customary charges.
- The correct billing codes from the applicable DWC fee guidelines in effect on the dates of service.

28 TAC 133.20. Medical Bill Submission by Health Care Provider

Medical Bill Submission

A health care provider that provided the health care shall submit its own bill; unless:

- Health care was provided by an unlicensed individual under the direct supervision of a licensed health care provider, in which case, the licensed health care provider must submit the bill.
- Other exceptions, including contracted billing agents.

28 TAC 133.20. Medical Bill Submission by Health Care Provider

CMS 1500 Instructions

28 TAC Chapter 133

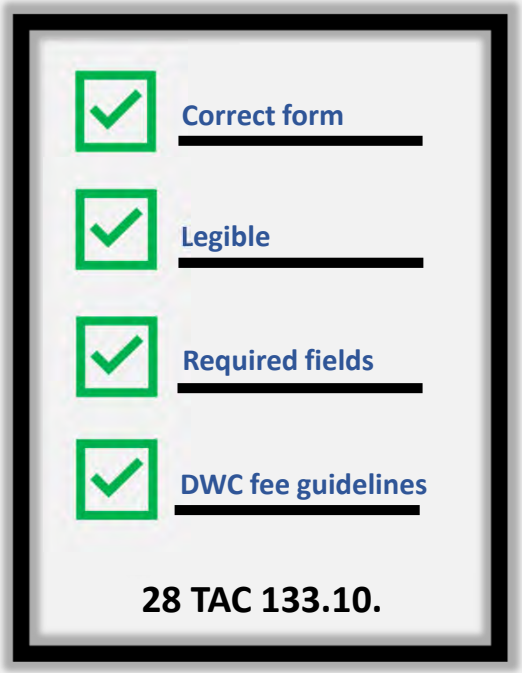
Subchapter B

Health Care Provider Billing Procedures

Required Billing

28 TAC 133.10. Required Billing Forms/Formats (paper billing form instructions).

- Rule identifies appropriate paper medical billing forms.
- All information shall be legible.
- Information that is required or conditionally required will be listed by every related field on the form.
- Medical services must be billed in accordance with the applicable DWC fee guidelines and Sec. 133.10.

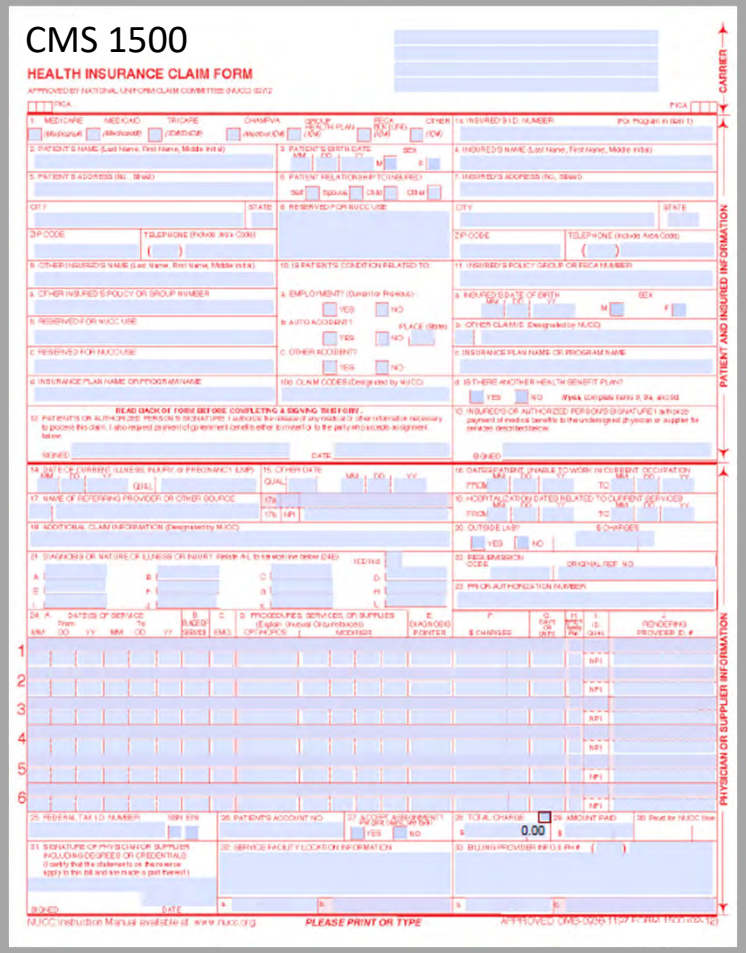


That means…

A complete medical bill =

- All the fields required or conditionally required by 28 TAC Sec. 133.10. Required Billing Forms/Formats (paper billing form instructions) are completed.
- Complete medical bill should not be returned as incomplete.
- The 95-day clock is tolled if you have submitted a complete medical bill correctly within 95 days from date of service.

28 TAC 133.2. Definitions
28 TAC 133.200. Insurance Carrier Receipt of Medical Bills from Health Care Providers
28 TAC 133.500. Electronic Formats for Electronic Medical Bill Processing



Professional Medical Bill

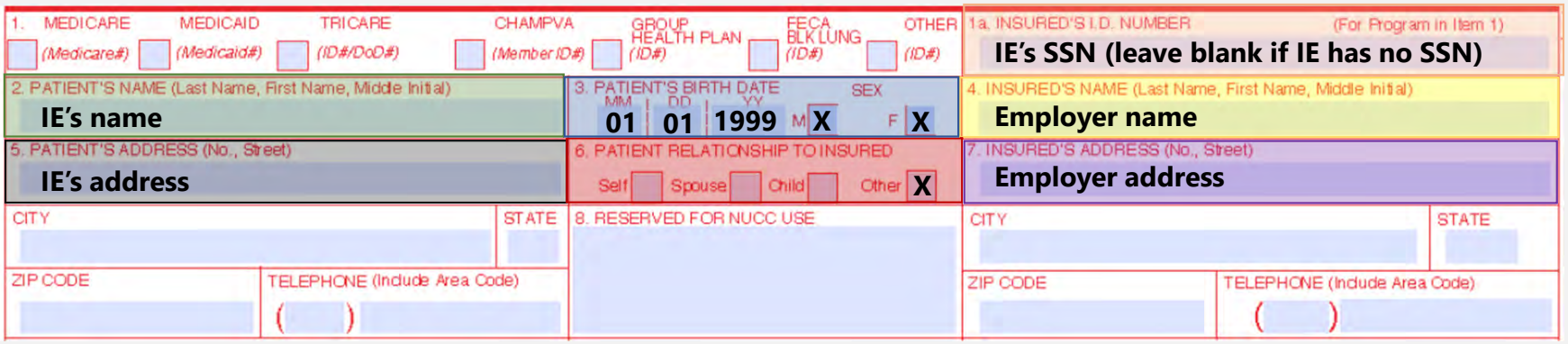
1500 Health Insurance Claim Form

Version 2/12

CMS 1500

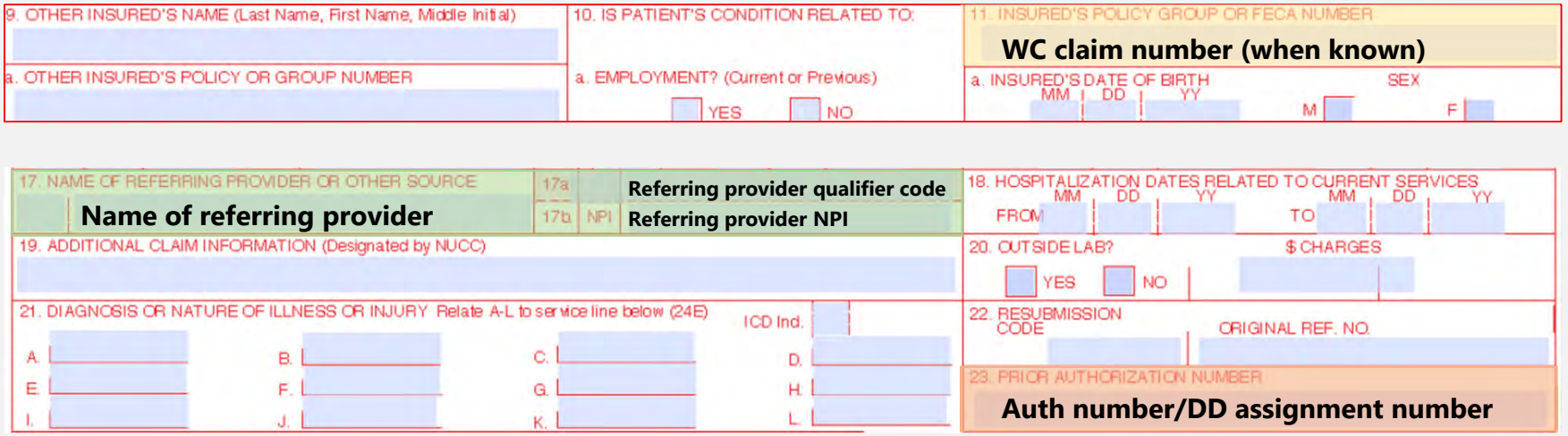
28 TAC 133.10. Required Billing Forms/Formats Required Fields Must Be Populated

Field 1a	Patient's ID number (leave field blank if IE does not have it)
Field 2	Patient's name
Field 3	Patient's date of birth and gender
Field 4	Employer's name (employer is the insured)
Field 5	Injured employee's address
Field 6	Patient's relationship to subscriber (other)
Field 7	Employer's address



Conditionally Required Under Specific Conditions

Field 11	Workers' compensation claim number is required **when known** (carrier should not return bill if claim not established)
Field 17	Name of referring provider is required when another health care provider referred the patient for the services
Field 23	Prior authorization number required when preauthorization, concurrent review or voluntary certification was approved/DD assignment number



State License Format

Health care provider that has a state license number	
license type, license number, and jurisdiction code	**MDF1234TX**

Health care provider that does not have a state license number	
license type and jurisdiction code	**DMTX**

Qualifier when entering provider license number information	
use '0B' (zero B) qualifier	**0B MDF1234TX** **0B DMTX**

License Types

Select the license type that most appropriately reflects the type of medical services provided.

AS	Ambulatory Surgery Center
CN	Clinical Nurse Specialist
DC	Doctor of Chiropractic
DM	Durable Medical Equipment Supplier
DO	Doctor of Osteopathy
DS	Dentist
MD	Doctor of Medicine
OT	Occupational Therapist
PA	Physician Assistant
PT	Physical Therapist

Deadline to Bill the Insurance Carrier

Submit all medical bills for payment to the workers' compensation insurance carrier within 95 days from the date of service (DOS).

Labor Code Section (Sec.) 408.027. Payment of Health Care Provider

28 TAC 133.20. Medical Bill Submission by Health Care Provider

Submitting a Medical Bill

28 TAC Chapter 133

General Medical Provisions

How do you compute the 95 days?

28 TAC 102.3. Computation of Time

By days: the first day is excluded and the last day is included.

By months: the period ends on the same numerical day in the concluding month as the day of the month from which the computation is begun, unless there are not that many days in the concluding month, in which case the period ends on the last day of that month.

Computation of Time

28 TAC 102.3. Computation of Time

- Unless otherwise specified, if the last day of any period is not a working day, the period is extended to include the next day that is a working day.
- A working day is any day, Monday-Friday, other than a national holiday and the Friday after Thanksgiving Day, December 24th and December 26th.
- Use of the term "day," rather than "working day" means a calendar day.

Exceptions
Untimely Submission of a Medical Bill

Medical bill was incorrectly submitted within 95 days from the DOS to:

- Group accident and health insurance;
- Health maintenance organization; or
- Wrong workers' compensation insurance carrier.

Exceptions do not include billing the patient, DWC or the employer!

Labor Code Sec. 408.0272. Certain Exceptions for Untimely Submission of Claim

Exceptions
Untimely Submission of a Medical Bill

Commissioner determines a catastrophic event substantially interfered with the health care provider's normal business operations.

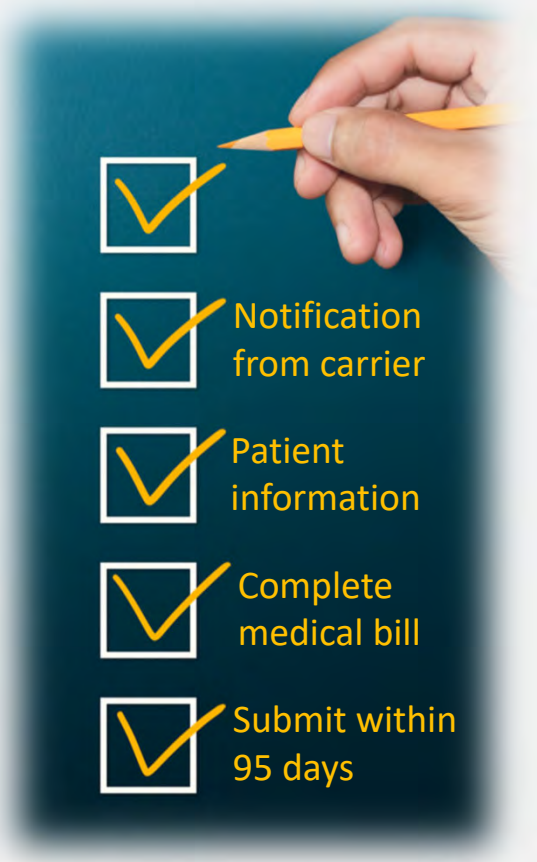
A health care provider and an insurance carrier may agree to extend the period for submitting a medical bill.

New 95 day filing deadline

Submit medical bill to the correct workers' compensation insurance carrier:

Within 95 days after the date the provider is told the medical bill was incorrectly submitted.

How do you meet an exception?



Best practice to meet untimely exception:

- Document how/when/who informed you that the service should have been billed to a workers' compensation insurance carrier.
- Gather intake information on what the patient said and what they signed upon registration.
- Preserve that information for any disputes that may arise.
- Submit the complete medical bill to the correct insurance carrier within the new 95 days with your explanation and supporting documentation.

Billing the Injured Employee

Do not bill an injured employee for all or part of the health care provided for the compensable injury, except for:

- Sending an informational copy clearly indicated on the bill; or
- According to exceptions in statute and rules.

28 TAC 133.20. Medical Bill Submission by Health Care Provider
Labor Code Sec. 413.042. Private Claims; Administrative Violation

Billing the Injured Employee

Only submit a bill for payment to the injured employee in accordance with:

- Labor Code 413.042. Private Claims; Administrative Violation;
- Insurance Code 1305.451. Employee Information; Responsibilities of the Employee; or
- 28 TAC 134.504. Pharmaceutical Expenses Incurred by the Injured Employee.

What if the injured employee wants you to bill their private insurance for a worker's compensation claim?

Best practice when the injured employee wants the HCP to bill their private health insurance:

- Ask whether the injury happened in the course and scope of their job and get that documentation in writing from the patient.
- Talk to the patient about their patient financial responsibility if not billed to workers' compensation.
- Inform the patient that a HCP could be in violation of Labor Code Sec. 413.042 regarding prohibiting the HCP from pursuing private claim (billing the injured employee).
- Make a medical business decision to pursue a private claim or not.

Labor Code Sec. 413.042. Private Claims; Administrative Violation

Billing the Employer

A health care provider may elect to bill the injured employee's employer if the employer has indicated a willingness to pay the medical bill(s).

Billing the Employer

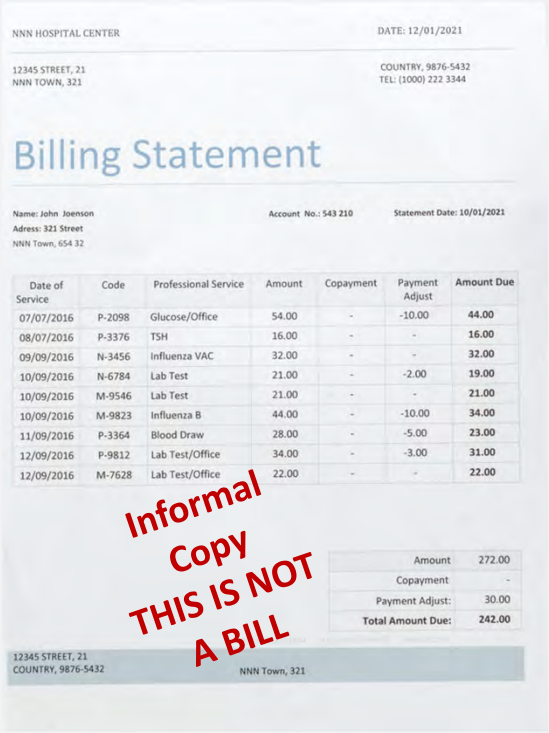
When billing the employer, the health care provider waives rights to:

- Prompt payment;
- Interest for delayed payment; and
- Medical dispute resolution.

During the election period

28 TAC 133.20. Medical Bill Submission by Health Care Provider

Billing the Employer



NNN HOSPITAL CENTER

DATE: 12/01/2021

12345 STREET, 21
NNN TOWN, 321

COUNTRY, 9876-5432
TEL: (1000) 222 3344

Billing Statement

Name: John Joenson
Adress: 321 Street
NNN Town, 654 32

Account No.: 543 210

Statement Date: 10/01/2021

Date of Service	Code	Professional Service	Amount	Copayment	Payment Adjust	Amount Due
07/07/2016	P-2098	Glucose/Office	54.00	-	-10.00	44.00
08/07/2016	P-3376	TSH	16.00	-	-	16.00
09/09/2016	N-3456	Influenza VAC	32.00	-	-	32.00
10/09/2016	N-6784	Lab Test	21.00	-	-2.00	19.00
10/09/2016	M-9546	Lab Test	21.00	-	-	21.00
10/09/2016	M-9823	Influenza B	44.00	-	-10.00	34.00
11/09/2016	P-3364	Blood Draw	28.00	-	-5.00	23.00
12/09/2016	P-9812	Lab Test/Office	34.00	-	-3.00	31.00
12/09/2016	M-7628	Lab Test/Office	22.00	-	-	22.00

Informal Copy
THIS IS NOT A BILL

Amount	272.00
Copayment	-
Payment Adjust:	30.00
Total Amount Due:	242.00

12345 STREET, 21
COUNTRY, 9876-5432

NNN Town, 321

When billing the employer, the health care provider must:

- Submit an informational copy of the bill to the insurance carrier,
- Clearly indicating it is not a request for payment, and
- Bill in accordance with the DWC fee guidelines and 28 TAC 133.10.

Billing the Employer

Best practice when billing the employer is to:

- Understand that if the employer has not paid the health care provider within 95 days, the medical bill submission deadline is still ticking.
- Give yourself enough time to bill the workers' compensation insurance carrier within 95 days of DOS, if not paid by employer, because this scenario does NOT meet an exception to the 95 days.

Billing the Employer

Best practice when billing the employer is to:

- Know that you can get the employer's insurance coverage information from the DWC.
- To understand that if you are not satisfied with the amount the employer has paid, you may not balance bill the patient or the workers' compensation insurance carrier.

Medical Documentation

Non-network claims

28 TAC Chapter 133

Subchapter C Sec. 133.210.

Medical Documentation

Medical Documentation

28 TAC 133.210. Medical Documentation (non-network) requires:

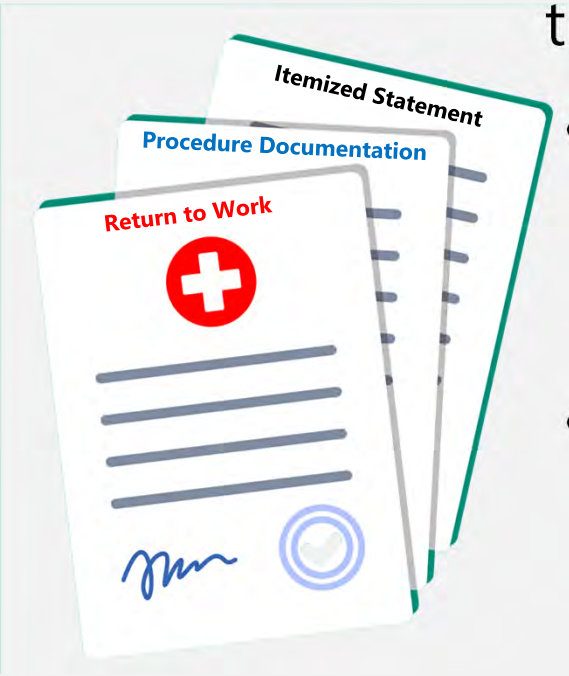
- All required medical documentation must be in legible form.
- Certain medical documentation must be submitted with the medical bill, unless previously provided to the insurance carrier or its agents.

Medical Documentation

Medical documentation that must be submitted with the medical bill:

- Two highest E&M office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes.
- Surgical services rendered on the same date for which the total of the fees from medical fee guidelines exceeds $500: a copy of the operative report.

Medical Documentation



Medical documentation that must be submitted with the medical bill:

- Return to work rehabilitation programs; a copy of progress notes, which substantiate the care, progress, improvement, the date of the next treatment, complications, and expected release dates.
- Any supporting documentation for procedures that don't have a maximum allowable reimbursement, to include an exact description of the health care provided.
- For hospital services, an itemized statement.

Medical Documentation

- Certified workers' compensation networks can reduce documentation requirements.
- Insurance carrier is responsible for providing its agents with any documentation necessary to resolve a medical bill.
- Medical billing information or documentation possessed by one entity of the carrier is assumed to be simultaneously possessed by the other.

Insurance Carrier Request for Additional Documentation

Any request by the insurance for additional documentation to process medical bill must:

- Be in writing along with a copy of the medical bill;
- Describe information to include in response and specific reason for request;
- Be relevant and necessary for resolution of the bill; and
- Ask for information that is in or being added to the injured employee's record.

Insurance Carrier Request for Additional Documentation

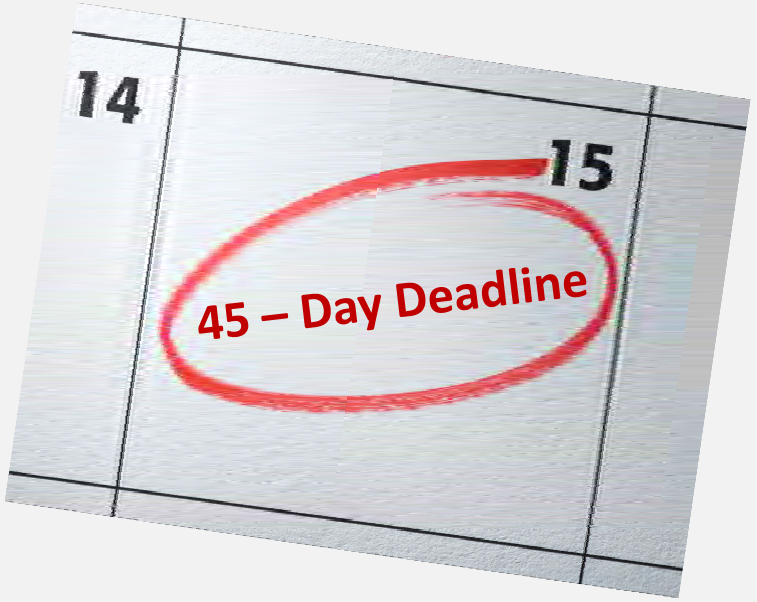
Fifteen days after receiving the request, the health care provider must send either:

- Requested documentation, or
- Notice that the health care provider does not have the requested documentation.

28 TAC 133.20. Medical Bill Submission by Health Care Provider

Insurance Carrier Request for Additional Documentation

NOTE: Insurance carrier's 45-day deadline to pay or deny is not extended when they request additional information.



Insurance Carrier Medical Bill Processing

28 TAC Chapter 133 Subchapter C

Medical Bill Processing/Audit by Insurance Carrier

Processing an Incomplete Medical Bill

By the 30th day after the date the carrier receives an **incomplete** bill, it must:

- Add the missing information, except for:
  - dates of service;
  - procedure/modifier codes;
  - number of units; and
  - charges; or
- Return bill to sender.

NOTE: 95-day deadline to submit a complete medical bill is not extended.

28 TAC 133.200. Insurance Carrier Receipt of Medical Bills from Health Care Provider

Processing a Medical Bill with no Employer's First Report of Injury

Should not be returned as incomplete based solely on no employer's first report of injury, because any other written communication (like a medical bill) regardless of source, which fairly informs the insurance carrier of:

- Name of the injured employee and identity of the employer,
- Approximate date of injury, and
- Information that asserts the injury is work related.

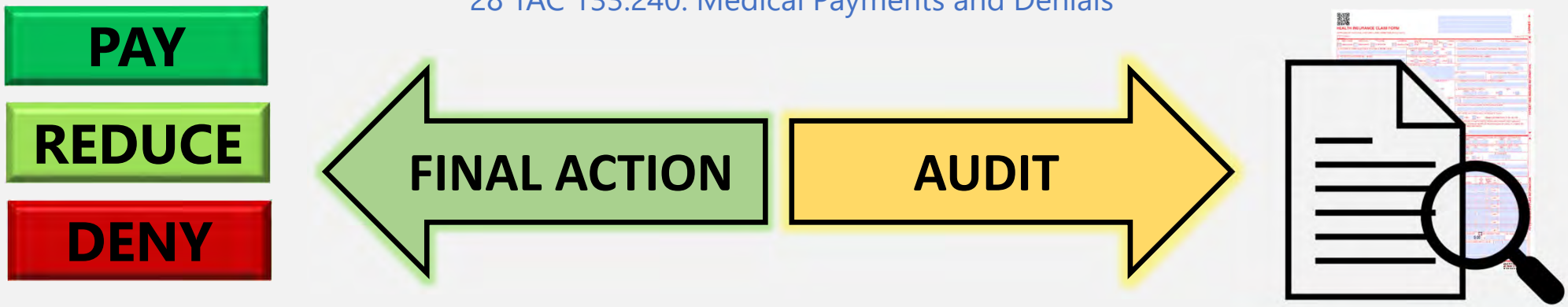
28 TAC 124.1. Notice of Injury

Processing a Complete Medical Bill

By the 45th day after the date the carrier receives a **complete** bill:

- Take final action (pay, reduce, or deny), or
- Determine whether to audit the bill.

28 TAC 133.240. Medical Payments and Denials



Medical Bill Audit

- Notify the health care provider;
- Pay 85% of reimbursement;
- Make a determination about compensability, extent of injury and medical necessity; and
- Complete the audit and pay, reduce, or deny the bill no later than the 160th day after receipt of the complete medical bill.

28 TAC 133.230. Insurance Carrier Audit of a Medical Bill

Communication Between HCP and Insurance Carrier

- Must have enough detail to easily identify and resolve an issue or question.
- Generic statements without explanation are not enough.

Some examples are:

- "insurance carrier improperly reduced the bill" or
- "health care provider did not document" or other similar phrases.

28 TAC133.3. Communication Between Health Care Providers and Insurance Carriers

Request for Reconsideration

28 TAC Chapter 133

Subchapter C

Medical Bill Processing/Audit by Insurance Carrier

Request for Reconsideration

Request for reconsideration must be submitted no later than 10 months from the date of service. Do not submit a reconsideration request until:

- Insurance carrier has taken final action on a bill or
- Has not received an explanation of benefits (EOB) within 50 days from submitting the medical bill to the insurance carrier.

28 TAC133.250. Reconsideration for Payment of Medical Bills

Request for Reconsideration

Written request for reconsideration must:

- Reference the original bill (same billing codes, DOS, dollar amounts);
- Copy of original EOB (if not received, documentation to support you asked for one);
- Any supporting documentation not submitted with original bill; and
- Your bill specific position statement.

28 TAC133.250. Reconsideration for Payment of Medical Bills

Request for Reconsideration

Insurance carrier must:

- Return an incomplete request for reconsideration no later than seven (7) days.
- Respond to a request for reconsideration with an EOB within 30 days of receiving the request.

28 TAC Sec. 133.250. Reconsideration for Payment of Medical Bills

Request for Reconsideration

Oral request for reconsideration:

- Clearly identify the service denied based on an adverse determination with explanation.
- Not later than the 5th working day, the carrier must send the requesting party a letter acknowledging the date of the oral request that includes a list of documents they want submitted.

28 TAC133.250. Reconsideration for Payment of Medical Bills

Then What?

- Health care provider must not resubmit another request for reconsideration again earlier than 35 days from the date the insurance carrier received the first request for reconsideration.
- If you are still dissatisfied, you may choose to file medical dispute resolution.

NOTE:
If the medical bill involves a certified workers' compensation network fee dispute, you will follow the network complaint process, not medical fee dispute resolution at DWC.

28 TAC 133.250. Reconsideration for Payment of Medical Bills

DWC does not process medical bills.

Health care providers and their collection agencies should **NOT** submit medical bills to:

Divisi[illegible] of Wo[illegible]kers' Compensation
PO B[illegible]ox [illegible]2050 o[illegible]
160[illegible] Cong[illegible]ess [illegible]venue
Austi[illegible] TX 78[illegible]1

Submit medical bills to the workers' compensation insurance carrier.

Checking Status of a Medical Bill

DWC does not process medical bills, and cannot provide status:

- Health care providers should submit medical bills to the insurance carrier.
- Health care providers and their billing agents should contact the insurance carrier, not CompConnection for medical bill status.
- CompConnection routinely receives calls from billing agents who are checking “claim status” or medical bill status.

Recap

- Billing rules.
- Completing a medical bill and CMS 1500 instructions.
- Submitting a medical bill.
- Required medical documentation (non-network).
- Insurance carrier medical bill processing.
- Request for reconsideration.
- Resources.

Contact Us

CompConnection:
800-252-7031 option 3

compconnection@tdi.texas.gov