



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Baylor Scott & White Medical

**Respondent Name**

City of Dallas

**MFDR Tracking Number**

M4-24-1312-01

**Carrier's Austin Representative**

Box Number 53

**DWC Date Received**

February 14, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 23, 2023	96375	\$164.68	\$0.00
May 23, 2023	96374	\$401.44	\$0.00
May 23, 2023	99283/25	\$476.18	\$0.00
<b>Total</b>		\$1,042.30	\$0.00

### Requestor's Position

"Per EOB received bill denied due to untimely filing. Please note that provider billed TML prior to billing correct work comp insurance carrier which is Tristar, and proof of timely filing enclosed for review. Please reprocess and remit payment for amount due."

**Amount in Dispute:** \$1,042.30

## Respondent's Position

"Based on the submitted documentation no payment is being recommended at this time. Regarding 28 Texas Administrative Code 408.0272(b), acceptable proof of timely filing was not submitted. Cover Sheet submitted as proof contains zero patient or claim information, fax transmission sheets or certified mail receipts. Proof of timely submission was not submitted with the initial, subsequent bill or this MDR filing."

**Response Submitted by:** IMO Managed Care

## 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 Medical Fee Dispute Resolution requests.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 29 – The time limit for filing has expired.
- 18 – Duplicate claim / service.

### Issues

1. Has the requestor waived their right to medical fee dispute resolution?

### Findings

1. The requestor is seeking \$1,042.30 for the disputed date of services rendered on May 23, 2023. The insurance carrier denied reimbursement due to untimely filing of the medical bill.

28 TAC §133.20 which sets out the requirements for timely medical bill submission, 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. In accordance with subsection (c) of the statute, the health care provider shall

submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied."

Texas Labor Code §408.0272(b), which sets out certain exceptions for untimely submission of a claim, states "(b) Notwithstanding Section [408.027](#), a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section [408.027](#)(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; or (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider."

Per explanation of benefits (EOB) submitted by both parties, DWC finds that the earliest date the medical bill in dispute was received by the insurance carrier was on December 8, 2023, more than 95 days after the disputed date of service of May 23, 2023.

The requestor asserts in its position statement that the provider first billed an incorrect workers' compensation insurance carrier. The requestor submitted a document of notification from the incorrect carrier dated August 10, 2023, as evidence. However, since the notification does not document information about the claim in question, such as claim number, services rendered, or patient identification information, DWC finds that this document does not support timely filing of the disputed medical claim.

A review of submitted documents finds that the claim was received by the correct workers' compensation insurance carrier more than 95 days after notification of the erroneous submission of the medical bill.

DWC finds no documentation to support the fact that any of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272, exist in this dispute.

Based on the submitted documentation, DWC finds the requestor is entitled to \$0.00 reimbursement.

## Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that reimbursement is due.

## **Order**

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

### **Authorized Signature:**

March 7, 2024

\_\_\_\_\_  
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.tas.gov](mailto:CompConnection@tdi.tas.gov).