



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

SOUTH TEXAS
RADIOLOGY IMAGING

Respondent Name

AIU INSURANCE CO

MFDR Tracking Number

M4-24-2109-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 31, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 22, 2023	Code 73721	\$409.08	\$0.00
Total		\$409.08	\$0.00

Requestor's Position

"...We billed Blue Cross Blue Shield as this is the information the patient provided. We received a call from the patient & he informed us he provided his BCBS insurance card in error & dates of service 6/24/2022 & 8/8/2022 were related to a work injury. We billed Broadspire & our bill was denied for past filing deadline. We mailed & faxed in our request for reconsideration with proof of timely filing. The requests for reconsideration were denied."

Amount in Dispute: \$409.08

Respondent's Position

"The provider failed to timely submit its bill to the carrier ... The first one was created on January 4, 2024 and was received by the carrier on January 9, 2024. Even if the provider submitted the medical bill to the carrier on the date its initial CMS 1500 was created, that would still be 104 days following the date of service. The provider provided no proof that it submitted a medical bill in the form of a CMS 1500 which is the prescribed form required under Rule 133.10(f)(1) to the carrier no later than 95 days following the September 22, 2023 date of service.."

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 the medical bill submission procedures for health care providers.
3. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

Denial Reasons

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

- ITXE892 – billed date exceeds 95 days from date of service
- ZTXA29 – The time limit for filing has expired
- ZTXE350 – Bill has been identified as a request for reconsideration or appeal

Issues

1. Is the requestor entitled to reimbursement?

Findings

1. The requestor is seeking \$409.08 for Code 73721 rendered September 22, 2023. The insurance carrier denied disputed service based on timely filing deadline not met.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

Review of the submitted documentation provided by the requestor finds the documentation does not meet the requirements in accordance with 28 TAC §133.20(b).

For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided. The insurance carrier's denial is supported.

Conclusion

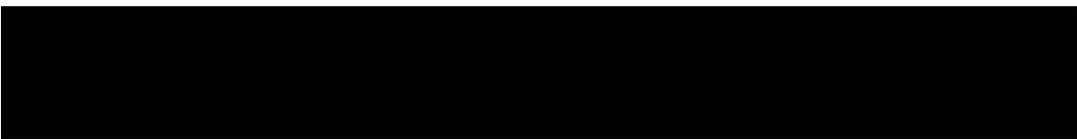
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement of \$0.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature



Signature

Medical Fee Dispute Resolution Officer

June 26, 2024

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. 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.

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.