



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Principle Diagnostic LLC

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-24-2606-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

July 30, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 15, 2023	95886-50, 95913, 95887-50, 95937, A4554, A4556, A4558, A4215, A4245, and A4927	\$3,235.00	\$0.00
Total		\$3,235.00	\$0.00

Requestor's Position

"We initially billed this claim within the timely filing limits. When we sent again, we got denied for timely filing. I then sent with a confirmation page from our clearinghouse that it was received on 10/19/2023. We got approval from Careworks and adjuster before we administered this test. I believe we proven it was sent within time frame. I hope this can be resolved."

Amount in Dispute: \$3,235.00

Respondent's Position

"Upon receiving notification of the dispute submitted by the requestor Principal Diagnostics the Office reviewed the disputed charges and determined we will maintain our denial for the date of service 8/15/2023 as the clearinghouse did reject this bill back to the provider on 9/25/2023 and 10/22/2023 (Exhibit A) ... To date, the Office has not received sufficient evidence to support the exceptions as outline in Labor Code 408.0272 for the waiver of timely filing."

Response Submitted by: SORM

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. [28 TAC §102.4](#) sets out the rules for non-Commission communications.
4. [Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
5. [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:

- 29 – The time limit for filing has expired.
- Note: Untimely submission of claim.

Issues

1. What is the timely filing deadline for submission of a medical bill?

Findings

1. The requestor seeks reimbursement in the amount of \$3,235.00, for professional services rendered on August 15, 2023. The insurance carrier denied the disputed services due to 95-day timely filing issues.

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."

TLC §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 TAC §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the

next previous day which is not a Sunday or legal holiday.”

The division finds that the requestor submitted insufficient documentation to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute is required to submit the medical bill not-later than 95 days after the date the disputed services were provided. The requestor is therefore not entitled to reimbursement for the disputed services.

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.

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

Order

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

Authorized Signature

_____	_____	September 27, 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. 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, 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 along with a **copy** of the **Medical Fee Dispute 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.