



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Heritage Park Surgical Hospital

Respondent Name

East Texas Educational Insurance Assoc

MFDR Tracking Number

M4-24-2707-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

August 9, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 16, 2023	27385	\$11,997.51	\$0.00
Total		\$11,997.51	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a document titled "Reconsideration" dated August 9, 2024 that states, "Per EOB received bill denied due to timely filing. Please note that bill was submitted timely, and carrier received bill on 12/28/2023 per the original EOB received, which is attached for proof of timely filing."

Amount in Dispute: \$11,997.51

Respondent's Position

"The EOB they provided was for a completely different bill and provider. The Claim Notes they provided documents the bill was apparently sent through electronically but the Payer ID is incorrect, therefore it was never received by us. The bill we received documents the creation date as 1/24/224 and was received by us on 1/29/2024. This is past the 95 day timely fling requirement. ...It is our position that the bill in question was not filed to us until 1/24/2024, which was past timely filing, and denial should be maintained."

Response Submitted by: Claims Administrative Services, Inc.

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. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
4. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

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

- 29 – The time limit for filing has expired.
- 719 – Per Rule 133.20, a medical bill shall not be submitted later than the 95th day after the date of service.

Issues

1. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is seeking reimbursement of code 27385 – Repair, Revision, and/or Reconstruction Procedure on the Femur (Thigh Region) and Knee Joint. The insurance carrier denied the dispute service as not filed with 95 days from the date of service.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will 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 through 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 must be the next previous day that is not a Sunday or legal holiday.

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.

- An explanation of benefits with post date of January 12, 2024 that was for a different provider and date of service than that listed on the DWC60.
- The submitted "Claim notes" indicates the Payer ID as 62170. Information know to the Division does not indicate this payer ID is for the correct worker's compensation carrier.
- The explanation of benefits included with the documentation for the service in dispute indicates the bill was received by the correct insurance carrier on January 29, 2024. This date is past the 95 day filing deadline.

DWC finds there is insufficient information to support an exception described above. The insurance carrier's denial is supported. No payment is recommended.

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 is due.

Order

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

Authorized Signature

_____	_____	September 11, 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, 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.