



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health of Dallas

Respondent Name

LM Insurance Corp

MFDR Tracking Number

M4-24-2801-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

August 19, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 7, 2024	Rev. Code 0761/CPT code 11042	\$729.34	\$0.00

Requestor's Position

"We are in receipt of a payment of \$0.00, however this claim was underpaid by \$729.34."

Amount in Dispute: \$729.34

Respondent's Position

"Respondent received the medical bill in dispute on 6/12/2024, as evidenced by the date stamp on the top of the document. As the date of service was 2/07/2024, the medical bill was not submitted to Requestor within 95 days of the date of service, and there is no indication the medical bill was erroneously submitted to another insurance carrier."

Response Submitted by: Downs & Stanford, P.C.

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. [The Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
4. [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:

- 29-2 – The time limit for filing has expired.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date.

Issues

1. What is the timely filing deadline for submission of a medical bill?
2. Is the insurance carrier's denial supported?

Findings

1. The requestor seeks reimbursement in the amount of \$729.34, for outpatient services rendered on February 7, 2024. The insurance carrier denied the disputed services due to 95-day timely filing issues.

28 TAC §133.20 which sets out requirements of 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."

Per Texas Labor Code (TLC) Sec. §408.027, "(a) A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. 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."

TLC §408.0272(b) then sets out certain exceptions for untimely submission of a claim, stating:

"(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 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...

(d) Notwithstanding any other provision of this section or Section [408.027](#), the period for submitting a claim for payment may be extended by agreement of the parties."

In its request for reconsideration, the requestor references a cyber security breach event that occurred in February of 2024, and requests a waiver of the 95-day timely filing rule set out in 28 TAC §133.20, due to the cyber security breach event.

A review of the submitted documentation and information known to DWC finds that there was no waiver of the 95-day medical bill submission rule applied by the Division because of a cyber security breach which occurred in February of 2024. Per review of the documents submitted, DWC finds no evidence of an agreement between parties to extend the claim submission timeline.

Per EOB(s) submitted, DWC finds that the medical bill in dispute was first received by the insurance carrier on June 12, 2024, more than 95 days after the disputed date of service, February 7, 2024.

DWC finds no documentation to support that any of the exceptions to the untimely filing rule, set out in Labor Code §408.0272, exist in this dispute. Therefore, DWC finds the requestor has forfeited their right to reimbursement for the disputed services rendered on February 7, 2024.

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 established that reimbursement is not 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

_____	_____	<u>October 31, 2024</u>
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.