



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

ProximaRX

**Respondent Name**

Federated Mutual Insurance Co

**MFDR Tracking Number**

M4-24-2891-01

**Carrier's Austin Representative**

Rep Box 19

**DWC Date Received**

August 23, 2024

### Summary of Findings

| Dates of Service | Disputed Services   | Amount in Dispute | Amount Due    |
|------------------|---------------------|-------------------|---------------|
| April 2, 2024    | NDC # 00904-6720-80 | \$63.22           | \$0.00        |
| April 2, 2024    | NDC # 72888-0012-00 | \$82.11           | \$0.00        |
| April 2, 2024    | NDC # 00093-5060-01 | \$86.75           | \$0.00        |
| <b>Total</b>     |                     | <b>\$232.08</b>   | <b>\$0.00</b> |

### Requestor's Position

"The above claimant received medication, but the carrier has not acknowledged receipt of service. The original bill was submitted to the carrier on 04/15/2024 VIA FAX CONFIRMATION."

**Amount in Dispute:** \$232.08

### Respondent's Position

"Carrier as [has] denied reimbursement as the bill was not submitted in a timely manner within 95 days of the date of service as required by 28 TAC 133.20(b). Carrier received the bill initially on July 22, 2024. Carrier asserts reimbursement is not owed."

**Response Submitted by:** Flahive, Ogden & Latson

# 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 denied the payment for the disputed services with the following claim adjustment codes:

- 200 – Per 133.20, a medical bill shall not be submitted later than the 1<sup>st</sup> day of the 11<sup>th</sup> month (<8/31/05) or 95 Days (>09/01/05) after DOS.
- 29 – The time limit for filing has expired.
- Note: \*\*\*200 Untimely filing per statute: Chapter 133, Subchapter B, SS 133.20 (b) of the Texas Administrative Code requires a provider to submit a complete medical bill with supporting documentation within 95 days of the date of service per JA E C.

## **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 \$232.08, for medications dispensed on April 2, 2024. 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." A review of the fax confirmation does not contain sufficient information to support what information was contained in the transmission to the insurance carrier.

The DWC finds that the requestor provided 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 was required to submit the medical bill not-later than 95 days after the date the disputed services were 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."

- 2. The DWC finds that for the reasons indicated above the requestor is not entitled to reimbursement pursuant to TLC §408.027 (a).

**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, DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

September 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  
Page 3 of 4

§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, 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.texas.gov](mailto:CompConnection@tdi.texas.gov).