



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ProximaRx

Respondent Name

Federated Mutual Insurance Company

MFDR Tracking Number

M4-25-0045-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 5, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 14, 2024	NDC # 00591-3525-30	\$338.31	\$0.00
February 14, 2024	NDC # 50228-0436-05	\$91.71	\$0.00
February 14, 2024	NDC # 55111-0180-10	\$79.48	\$0.00
Total		\$509.50	\$0.00

Requestor's Position

"The carrier denied the reconsideration based on TIMELY FILING."

Amount in Dispute: \$509.50

Respondent's Position

"The carrier's position is that the provider's medical bill was not submitted to the carrier within 95 days of the date of service the carrier received the medical bills August 6, 2024. This position is set out in the carrier's EOB."

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

- 29 – The time limit for filing has expired.
- 200 – Per 133.20, a medical bill shall not be submitted later than the 1st day of the 11th month (<8/31/05) or 95 days (>09/01/05) after DOS.
- 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 JAE C.: Please contact the adjuster with any questions or concerns regarding this matter, 817-685-2362.

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 \$509.50, for medications dispensed on February 14, 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 confirmations 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.

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

_____	_____	October 16, 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.