



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health Allen

Respondent Name

Richardson ISD

MFDR Tracking Number

M4-25-0214-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

September 17, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 17, 2024	450	\$284.50	\$0.00
February 17, 2024	636	\$176.06	\$0.00
February 17, 2024	771	\$182.00	\$0.00
Total		\$642.56	\$0.00

Requestor's Position

"The initial claim was sent electronically 7/1/2024 and ZERO PAID, and a reconsideration was 7/23/2024, per EOR, CLAIM DENIAL 'TIMELY FILING' which leaves a remaining balance of \$1878.62."

Amount in Dispute: \$642.56

Respondent's Position

"The expenses in question were initially received on 6/14/2024 by the prior TPA and denied for timely filing. On 7/23/2024 Claims Administrative Services received the bill and charges were again denied for timely filing."

Response Submitted by: CAS - 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 the medical bill submission procedures for health care providers.
3. [28 TAC §102.4](#) sets out the rules for non-Commission communications.
4. [The 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 the untimely submission of a medical bill.

Denial Reasons

The insurance carrier reduced or denied payment for 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 date of service.

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 \$642.56, for facility services rendered on February 17, 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." No documentation was found to support any of the exceptions described in TLC §408.0272 applying 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. A review of the submitted documentation finds that there was no evidence to support that the medical bill was submitted no later than the 95th day after the date the services are provided. Because the medical bill for the disputed services was not submitted in a timely manner, the requestor has lost the right to payment under 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 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

_____	_____	<u>October 18, 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.