



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health Alliance

Respondent Name

Fedex Ground Package System Inc.

MFDR Tracking Number

M4-25-0230-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 12, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| March 4, 2024 | 250 | \$24.68 | \$0.00 |
| March 4, 2024 | 320 | \$565.50 | \$0.00 |
| March 4, 2024 | 450 | \$377.00 | \$0.00 |
| March 4, 2024 | 450 | \$893.75 | \$0.00 |
| March 4, 2024 | 636 | \$176.06 | \$0.00 |
| March 4, 2024 | 771 | \$182.00 | \$0.00 |
| Total | | \$2215.99 | \$0.00 |

Requestor's Position

"The initial claim was sent electronically 7/8/2024 and ZERO PAID, and a reconsideration was 8/8/2024, per EOR, CLAIM DENIAL TIMELY FILING which leaves a remaining balance of \$2215.99."

Excerpt from Request for Reconsideration dated August 1, 2024:

"I have also attached a copy of a letter advising Texas Health Resources and all related facilities are victims of a Change Health cyber security breach that occurred on 2/21/2024. Please review the attached claim with the related documents and reprocess this claim for payment. We ask that you please review our situation and waive the filing deadline requirement since we experienced the inability to bill this claim timely."

Amount in Dispute: \$2,215.99

Respondent's Position

The Austin carrier representative for Fedex Ground Package System Inc. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 1, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available

Response Submitted by: n/a

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 Medical Fee Dispute Resolution requests.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.
3. [Texas Labor Code §408.027](#) sets out requirements for the timely submission of medical bills.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 29 – The time limit for filing has expired.
- 892 – Billed date exceeds 95 days from date of service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 350 – Bill has been identified as a request for reconsideration or appeal.

Issues

1. Has Texas Health Alliance forfeited its right to reimbursement for the services in dispute?

Findings

1. The requestor is seeking \$2,215.99 for disputed emergency department services rendered on March 4, 2024. Per the explanation of benefit (EOB) documents submitted, the services in dispute were denied due to untimely filing of the medical bill.

28 Texas Administrative Code §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 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; 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 as a result 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 the parties, as set out in TLC §408.0272 (d), 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 July 10, 2024, more than 95 days after the disputed date of service, March 4, 2024.

DWC finds no documentation to support that any of the exceptions to the untimely filing rule, set out in Labor Code §408.0272, exists in this dispute. Therefore, DWC finds the requestor has forfeited their right to reimbursement for the disputed services rendered on March 3, 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.

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

Signature

Medical Fee Dispute Resolution Officer

January 23, 2025
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.tas.gov.