



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Surgical Service FU LLC

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-25-0271-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

October 1, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 6, 2023	26765	\$200.00	\$0.00
<b>Total</b>		\$200.00	\$0.00

### Requestor's Position

Submitted documentation does not include a position statement from the requestor. The requestor submitted a copy of the Request for Reconsideration dated April 2, 2024, which states, "This is surgical assistant bill and easy confuse with surgeon bill."

**Amount in Dispute:** \$200.00

### Respondent's Position

"The first complete medical bill was received on 3/11/2024 as prescribed under 28 TAC 133.20 (g) where an audit found that the new bill was not submitted within 95 days from the date of service. A second bill was received on 3/19/2024 where an audit was processed and denied for a duplicate. To date, the Office has not received sufficient evidence to support the exceptions as outlined in Labor Code §408.0272 for the waiver of timely filing."

**Response Submitted by:** SORM

## 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 requirements of medical bill submission.
3. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
4. [The Texas Labor Code 408.0272](#) sets out the workers' compensation timely billing and exceptions guidelines.

### Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 29 – The time limit for filing has expired.
- 18 – Exact duplicate claim/service.
- Note: Although the bill was previously received it was rejected due to being an incomplete medical bill. Per 28 TAC Rule 133.200 (c) and Rule 133.20 (g) the healthcare provider may correct and resubmit a NEW bill an incomplete medical bill that has been returned by the insurance carrier.

### Issues

1. Did the requestor support timely submission of medical claim?

### Findings

1. The requestor is seeking reimbursement of professional medical services rendered in November of 2023. The insurance carrier denied the claim as not submitted timely and duplicate.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will 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 through 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 must be the next previous day that is not a Sunday or legal holiday.

DWC Rule 28 TAC §133.20 (b) 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.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(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;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found.

- SORM notified the provider on November 27, 2023 the submitted claim was incomplete.
- SORM notified the provider on February 8, 2024 the submitted claim was incomplete.
- SORM denied the complete claim on March 11, 2024, as submitted past 95 days.
- SORM denied the claim on March 25, 2024, as a duplicate claim.

DWC finds there is insufficient information to support an exception as described above. No payment is recommended.

### 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 requester has not established that reimbursement is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	October 31, 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](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, please 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).