



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Novamed Surgery Center of Tyler, LP

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-0445-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

October 23, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 9, 2024	63650, 63650-59, L8680	\$15,881.40	\$0.00
April 9, 2024	01942	\$700.00	\$0.00
Total		\$16,581.40	\$0.00

Requestor's Position

"The explanation of benefits shows that the claim denied for timely filing. Our records show that the claim was faxed on 08/16/24."

Amount in Dispute: \$16,581.40

Respondent's Position

"Texas Mutual on 08/15/2024 received the bill from NOVAMED SURGERY CENTER OF TYLER... The rationale given by the requestor for the late bill is not consistent with the Rule above."

Response Submitted by: Texas Mutual Insurance Company

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:

- CAC 29 – The time limit for filing has expired.
- 731 – Per 133.20 (B) Provider shall not submit a medical bill later than the 95th day after 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 \$16,581.40, for surgical services rendered on April 9, 2024. The insurance carrier denied the disputed services due to 95-day timely filing issues. The requestor in their position summary states in pertinent part, "Our records show that the claim was faxed on 08/16/24."

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 that a medical bill was submitted by the 95th date following the day the services were rendered. 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 requester 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

_____	_____	November 6, 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 requesting a review of the MFDR decision must simultaneously file the request with DWC and deliver a copy of the request to each party involved in the dispute, along with a **copy** of the **Medical Fee Dispute Findings and Decision** and any other required information listed in 28 TAC §141.1(d).

Si prefiera 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.