



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Darrick Shawn Bub

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-0730-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

November 19, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 6, 2024	92004	\$155.00	\$0.00
April 6, 2024	92250	\$90.00	\$0.00
April 6, 2024	92015	\$40.00	\$0.00
Total		\$285.00	\$0.00

Requestor's Position

"We were not notified that the patient was filing under worker's comp until the email I received on 06/25/24 below. Upon speaking with ... at Texas Mutual, we were told that we could just send in the patient's invoice, which we did. On 08/01/2024 we sent an email invoice. We then received a letter from TX Mutual that we needed to provide a HCFA 1500 form, which we mailed in. We then subsequently filed an appeal with Texas Mutual providing them good cause for our untimely filing, and they again denied our claim. I have attached the email from the patient indicating the date we were notified of her desire to file with worker's comp. I believe that we made a good faith effort to satisfy the timely filing requirement and under the circumstances the claim should be paid."

Amount in Dispute: \$285.00

Respondent's Position

"The rationale given by the requestor for the late bill is not consistent with the Rule above. Our position is that no payment is due."

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. [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:

- 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.
- CAC-W3, 350 - In accordance with TDI-DWC RULE 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC-193 - Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 891 - No additional payment after reconsideration.

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 \$285.00, for vision medical services rendered on April 6, 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."

TLC §408.0272 titled *Certain Exceptions for Untimely Submission of Claim*, states in pertinent part,

"(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...

(c) Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim."

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."

2. A review of the submitted documentation finds that insufficient 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 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

_____	_____	January 10, 2025
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.