



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Comprehensive ENT  
Center of TX

**Respondent Name**

Texas Public School WC Project School Co

**MFDR Tracking Number**

M4-25-0758-01

**Carrier's Austin Representative**

Box Number 18

**DWC Date Received**

December 3, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 13, 2024	99213	\$146.31	\$0.00

### Requestor's Position

"Please see the information below, Creative Risk Funding has denied payment for ... 99213 for date of service 03/13/2024 as past the filing deadline. According to our software, it is noted that we submitted the claim on paper to them via regular mail on 03/14/2024."

**Amount in Dispute:** \$146.31

### Respondents' Position

"CRF contends that it first received ENT Center's medical bill on 09/04/2024 and furthermore, that the print screen submitted by ENT Center was insufficient to establish submission of its bill on 03/14/2024."

**Response Submitted by:** Creative Risk Funding, 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:

- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 29 - The time limit for filing has expired.  
Previous recommended history on DCN(s): 284157= \$0.00 (148.ANSI18, ANSI29)
- W3 - Reconsideration/Appeal
- -Notes: ORIGINAL RECEIPT OF THIS BILL WAS 08.16.2024, PAST THE 95 DAY FILING LIMIT. Previous gross recommended payment amount on line: \$0. Previous recommended payment amount on line: \$0.

## **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 requester seeks reimbursement in the amount of \$146.31, for CPT code 99213 rendered on March 13, 2024. The insurance carrier denied the disputed services due to 95-day timely filing issues.

28 TAC §133.20 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 (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."

2. A review of the medical documentation finds insufficient evidence to support that any of the exceptions described in TLC §408.0272 apply 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. Because the insurance carrier's denial reason is supported, the division finds that the requestor has waived the right to reimbursement 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

January 13, 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](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, 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 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](mailto:CompConnection@tdi.texas.gov)