



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

St Mary Medical Center

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-0808-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

December 5, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 14, 2023	72020 – Radiologic examination	\$153.55	\$0.00
December 14, 2023	72040 – Radiologic examination	\$153.55	\$0.00
Total		\$307.11 [\$307.10]	\$0.00

Requestor's Position

“Section 408.027 states that bills must be submitted no later than the 95th day after services are provided. However, there are exceptions when the incorrect carrier is billed. Section 408.0272 outlines those exceptions. Blue Cross Blue Sheild was billed at the time of service. A denial was received in April 2024 which is when we then discovered the Work Comp information and billed Texas Mutual.”

Amount in Dispute: \$307.10

Respondents' Position

“ST MARY MEDICAL CENTER did not submit an appeal to Texas Mutual upon receiving the first denial, therefore did not fully comply per Rule 133.307(J) which states ‘a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a

copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills)'. Additionally, ST MARY MEDICAL CENTER did not submit an EOB related to this dispute - submitted EOB is for a different date of service. ST MARY MEDICAL CENTER submitted another HCI EOB to show proof of timely filing, however this EOB does not show for which date of service, or the CPT codes it is for. 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. [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.
- 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.

Issues

1. Under what authority is the request for the medical fee dispute resolution considered?
2. What is the timely filing deadline for submission of a medical bill?
3. Is the insurance carrier's denial supported?

Findings

1. The requestor is a health care provider that rendered disputed services in the state of Louisiana to an injured employee with an existing Texas Workers' Compensation claim. The DWC finds the following:

- The health care provider states the insurance carrier's denial is for timely filing.
- The health care provider initially billed private insurance and mentioned TLC §408.0272 in their position statement.
- The health care provider has requested medical fee dispute resolution under 28 TAC §133.307.

Because the requestor sought an administrative remedy under 28 TAC §133.307 for resolution of the request for additional payment, the Division concludes that it has jurisdiction to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.

2. The requestor seeks reimbursement in the amount of \$307.11, for radiologic exams rendered on December 14, 2023. 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." 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.

28 TAC §133.307 (b)(2-3) states, "(b) Except as provided in Labor Code §408.0272(b), (c), or (d), a health care provider must not submit a medical bill later than the 95th day after the date the services are provided... (2) In accordance with subsection (c) of the statute, the health care provider must submit the medical bill to the correct workers' compensation insurance carrier no 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. (3) A health care provider who submits a medical bill to the correct workers' compensation insurance carrier must 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. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.

The division finds that the requestor submitted insufficient evidence to support that the medical bill was submitted to the correct workers' compensation insurance carrier no later than 95th day after the date the health care provider was notified of the provider's erroneous submission of the medical bill.

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.”

3. A review of the submitted documentation finds that the requestor submitted a print screen “summary” identifying the payer as “Blue Cross Blue Shield” with a post date of April 2, 2024. The DWC finds that the documentation submitted is not sufficient 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 is not entitled 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 8, 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 this 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 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.