



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Lone Star Orthopedics

**Respondent Name**

State office of Risk Management

**MFDR Tracking Number**

M4-25-0952-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

December 30, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 16, 2024	99214	\$275.00	\$0.00

### Requestor's Position

Excerpt from reconsideration request dated December 23, 2024: "I am filing an APPEAL FOR RECONSIDERATION for denial of payment for claim faxed to you on 03/27/2024 for CPT code 99214 on DOS 01/16/2024. The claim was submitted to you 71 days after the DOS, which is still within the timely filing limit of 95 days by DWC rule."

**Amount in Dispute:** \$275.00

### Respondent's Position

"Upon receiving notification of the dispute submitted by the requestor, Lone Star Orthopedics, the Office reviewed the disputed charges and determined that we will maintain our denial. There is no evidence in the dispute packet to support the two criteria outlined in Texas Labor Code

§408.0272(b), (c), or (d) to apply toward an exception to timely filing a medical bill within 95 days from the date of service.”

**Response Submitted by:** State Office of Risk Management

## 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 Medical Fee Dispute Resolution requests.
2. [28 TAC §133.200](#) sets out the procedures for receipt of medical bills by insurance carriers.
3. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.
4. [28 TAC §133.10](#) sets out the procedures for required billing forms/formats.

### Denial Reasons

The insurance carrier denied the payment for the disputed service with the following claim adjustment codes:

- 29 – THE TIME LIMIT FOR FILING CLAIM/BILL HAS EXPIRED.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

### Issues

1. Did the requestor submit a timely, complete medical bill for the service in dispute?
2. Has the requestor waived their right to medical fee dispute resolution (MFDR)?

### Findings

1. Per submitted documentation, the insurance carrier returned some of the submitted medical bills in question as “incomplete” based on invalid or missing rendering provider state license information.

28 TAC §133.2(4) defines a “complete medical bill” as “A medical bill that contains all required fields as set forth in the billing instructions for the appropriate form specified in §133.10 of this chapter ..., or as specified for electronic medical bills in §133.500 of this chapter...”

28 TAC §133.10 (f) states in pertinent part, "All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form. (1) The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers' compensation health care: ... (U) rendering provider's state license number (CMS-1500/field 24j, shaded portion) is required when the rendering provider is not the billing provider listed in CMS-1500/field 33; the billing provider must enter the 'OB' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX'); (V) rendering provider's NPI number (CMS-1500/field 24j, unshaded portion) is required when the rendering provider is not the billing provider listed in CMS-1500/field 33 and the rendering provider is eligible for an NPI number."

A review of the incomplete medical bills which were submitted timely to the insurance carrier finds that field 24j of the CMS-1500 medical bill form is not populated with the state license information of the rendering provider named in field 31 of the CMS-1500 claim form as required by 28 TAC §133.10(f). Therefore, DWC finds that the requestor did not submit a timely, complete medical bill, in accordance with 28 TAC §133.10, for the services in dispute.

2. The requestor is seeking \$275.00 for a disputed evaluation and management office visit rendered on January 16, 2024, billed under CPT code 99214.

28 TAC §133.20 which 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."

Texas Labor Code §408.0272(b) which sets out certain exceptions for untimely submission of a claim, states "(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 (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.”

Per documentation submitted, DWC finds that the earliest date a complete medical bill for the service in dispute was submitted to the insurance carrier was on December 26, 2024, more than 95 days after the disputed date of service of January 16, 2024.

DWC finds no documentation that any of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272, exist in this dispute.

Based on the submitted documentation, DWC finds the requestor is not entitled to reimbursement for the service in dispute.

### 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 requestor has not established that reimbursement is 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

April 2, 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. **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.tas.gov](mailto:CompConnection@tdi.tas.gov).