



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

James K. Baker, M.D.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-25-0997-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

January 8, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 4, 2024	Examination to Determine Impairment Rating – 99455-WP	\$300.00	\$0.00
	Examination to Determine Maximum Medical Improvement – 99455-V3	\$265.00	\$0.00
Total		\$565.00	\$0.00

Requestor's Position

The submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$565.00

Respondent's Position

"Upon receiving notification of the dispute submitted by the requestor Lone Star Orthopedics the Office reviewed the disputed charges and determined 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 a timely filing waiver.

"All charges were audited following 28 TAC 133.20 (b) with the results of those reviews are as follows (Exhibit A):

DATE OF SERVICE	RECEIVED DATE	BILLED AMOUNT	PAID	COMMENT
3/4/2024	3/13/2024	\$1200.00	\$0.00	Returned to the Provider as information in Box 24J is incomplete per 28 TAC 133.10. The billing provider's NPI is different than Box 24J as the billing provider is not the rendering provider.
3/4/2024	4/26/2024	\$1200.00	\$0.00	Returned to the Provider as information in Box 24J is incomplete per 28 TAC 133.10. The billing provider's NPI is different than Box 24J as the billing provider is not the rendering provider.
3/4/2024	4/30/2024	\$1200.00	\$0.00	Returned to the Provider as information in Box 24J is incomplete per 28 TAC 133.10. The billing provider's NPI is different than Box 24J as the billing provider is not the rendering provider.
3/4/2024	11/18/2024	\$1200.00	\$0.00	Returned to the Provider as information in Box 24J is incomplete per 28 TAC 133.10. The billing provider's NPI is different than Box 24J as the billing provider is not the rendering provider.
3/4/2024	11/27/2024	\$1200.00	\$0.00	Denied for 29-time limit for filing has expired.

"To date, the Office has not received sufficient evidence to support the exceptions outlined in Labor Code §408.0272 for the waiver of timely filing. Furthermore, the Office respectfully requests the dispute be dismissed as the requestor has failed to submit a request for reconsideration according to 28 TAC Rule 133.250 appealing the timely filing denial with evidence to support a waiver of timely filing is warranted according to 28 TAC 133.307(f)(3)(A)."

Response Submitted by: State Office of Risk Management

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.2](#) defines terms used in relation to medical billing and processing.
2. [28 TAC §133.10](#) sets out the requirements for completing medical bills.
3. [28 TAC §133.20](#) sets out the procedures for submitting medical bills.
4. [28 TAC §133.200](#) sets out the procedures when medical bills are received by the insurance carrier.

5. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
6. [TLC §408.027](#) sets out the requirements for payment of a health care provider.

Denial Reasons

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

- 29 – The time limit for filing has expired.

Issues

1. Is State Office of Risk Management's denial based on timely filing supported?
2. Is James K. Baker, M.D., entitled to reimbursement for the examination in question?

Findings

1. Dr. Baker is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. The insurance carrier denied payment based on timely filing. 28 TAC §133.20(b) states, "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."

Documentation received by DWC indicates that a medical bill was submitted to the insurance carrier on March 13, 2024. In its position statement, the insurance carrier also indicated that it received medical bills on April 26, 2024; April 30, 2024; November 18, 2024; and November 27, 2024.

Per 28 TAC §133.200(a) states, in relevant part, "On receipt of medical bills submitted in accordance with §133.10 of this chapter ..., an insurance carrier must evaluate each medical bill for completeness as defined in §133.2 of this chapter ..." Subsection (2) adds:

- (2) Within 30 days after the day it receives a medical bill that is not complete as defined in §133.2 of this chapter, an insurance carrier must:
 - (A) complete the bill by adding missing information already known to the insurance carrier, except for the following:
 - (i) dates of service;
 - (ii) procedure or modifier codes;
 - (iii) number of units; and
 - (iv) charges; or
 - (B) return the bill to the sender, in accordance with subsection (c) of this section.

On March 13, 2024; April 26, 2024; April 30, 2024; and November 18, 2024, the insurance carrier returned the received bills as incomplete, advising that a valid state license number was required in box 24j of the CMS-1500 billing form.

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 ..."

28 TAC §133.10(f)(1) states, in relevant part, "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; ...
- (Z) signature of physician or supplier, the degrees or credentials, and the date (CMS-1500/field 31) is required, but the signature may be represented with a notation that the signature is on file and the typed name of the physician or supplier; ...
- (CC) billing provider name, address, and telephone number (CMS-1500/field 33) is required;
- (DD) billing provider's NPI number (CMS-1500/Field 33a) is required when the billing provider is eligible for an NPI number; and
- (EE) billing provider's state license number (CMS-1500/field 33b) is required when the billing provider has a state license number; the billing provider must enter the 'OB' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX')."

Per documents submitted to DWC, the bills received by the insurance carrier on March 13, 2024; April 23, 2024; and November 18, 2024, indicated that the billing provider listed in field 33 of the CMS-1500 was Lone Star Orthopedics, with NPI number 1851484463. The rendering provider NPI number listed in the shaded part of field 24j was 1457359952 and the physician listed in field 31 is James K. Baker, M.D.

Because the rendering provider and the billing provider were different, the bill was required to contain the rendering provider's state license number in accordance with 28 TAC §133.10(f)(1)(U). DWC finds that the bills received by the insurance carrier on March 13, 2024; April 23, 2024; and November 18, 2024, did not contain the required license number for Dr. Baker.

28 TAC §133.20(g) states, "Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier." Evidence provided to DWC indicates that a bill was received by the insurance carrier on November 27, 2024, with Dr. Baker listed as both the rendering provider and the billing provider. This date is more than 95 days after the date of service for the examination in question.

DWC finds that the insurance carrier's denial of payment based on timely filing is supported.

2. Per TLC §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."

Because Dr. Baker failed to timely submit a complete medical bill to the insurance carrier, he has forfeited his right to reimbursement for the examination in question. No reimbursement can be recommended.

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

February 26, 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. 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, please call CompConnection at 1-800-252-7031, option three 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. **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 tres o correo electrónico CompConnection@tdi.texas.gov.