



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

AIU Insurance Co

**MFDR Tracking Number**

M4-25-1025-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

January 14, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 4, 2024	97110	\$359.34	\$0.00
June 4, 2024	97112	\$137.46	\$0.00
<b>Total</b>		\$496.80	\$0.00

### Requestor's Position

"Original claim was SUBMITTED ON 6.6.2024; within 95 days of the date of service. On this date of service, the patient COMPLETED APPROVED PHYSICAL THERAPY at our facility. Reimbursement was not received FROM the provider, FIRST RECONSIDERATION was SUBMITTED ON 11.14.2024. Carrier then DENIED FOR TIME LIMIT HAS EXPIRED. Please ALL DOCUMENTATION that was submitted ON FIRST RECONSIDERATION. Again, ORIGINAL CLAIM WAS FIRST SUBMITTED ON 6.6.2024. Carrier HAS REIMBURSED 6 of 10 APPROVED VISITS WITHOUT ANY DISCREPANCIES."

**Amount in Dispute:** \$496.80

### Respondents' Position

"The carrier maintains the denial as the provider has not submitted proof of timely filing."

**Response Submitted by:** Broadspire on behalf of AIU 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:

- 29, D10 – The time limit for filing has expired.
- P13 - Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies, use only if no other code is applicable.

## **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 \$496.80, for physical therapy services rendered on June 4, 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." 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 requester 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."

28 TAC §102.4(h) states that “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.”

2. The division find that the requestor is required to submit the medical bill no later than 95 days after the date the disputed services were provided. A review of the submitted documentation finds there is insufficient evidence to confirm that the medical bill was submitted within the required timeframe, as a result, the requester is not entitled to reimbursement pursuant to 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 not established that reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

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

February 19, 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 prefieres 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).