



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

McAllen Orthopedic Institute

Respondent Name

McAllen ISD

MFDR Tracking Number

M4-25-1194-01

Carrier's Austin Representative

Box Number 29

DWC Date Received

February 3, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 15, 2024	99203	\$365.00	\$0.00
May 15, 2024	99080-73	\$20.00	\$0.00
Total		\$385.00	\$0.00

Requestor's Position

"The attached bill is being denied as 'The time limit for filing has expired'. This claim was submitted initial to Tristar Risk Management USPS via certified mail and was received by Tristar on June 8, 2024. We were not informed by the employer, Tristar Risk Management or claims Administrative Services, that this claim was to be submitted to Claims Administrative Services. The only way we found out is because Tristar happened to send one of the three claims (DOS 06-12-2024) to Claims Administrative Services and we were paid on August 12, 2024 by claims Administrative Services for only DOS 06-12-2024. On September 11, 2024 I confirmed with claims Administrative Services that they were handling this claim. I faxed the claim to 1-903-509-1888. I have attached a copy of the fax confirmation showing a total of 8 pages faxed."

Amount in Dispute: \$385.00

Respondent's Position

"This bill was initially received by CAS on 9/11/2024 and was denied for timely filing. A reconsideration was received on 12/30/2024 and the documentation indicated the bill was sent certified mail to the prior TPA. Our denial for timely filing was maintained, however we requested a copy of the signed and dated certified mail receipt for further review. A copy of the EOB is attached. It is noted that the provider sent a copy of a certified received to MDR, but it is neither signed nor dated."

Response Submitted by: Claims Administrative Services 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. [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 the payment for the disputed services with the following claim adjustment codes:

- 350 - Bill has been identified as a request for reconsideration or appeal.
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- W3 - In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 375 - Please see special *note* below.
- Please refile this bill with a copy of the signed certified mail receipt from June, 2024 for further review.
- 719 – Per rule 133.20, a medical bill shall not be submitted later than the 95th day after the date of service.
- 29 – The time limit for filing has expired.

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 requestor seeks reimbursement in the amount of \$385.00, for medical services rendered on May 15, 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 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.

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. A review of the submitted documentation finds that there was not enough evidence 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 has lost 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

March 3, 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, 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 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.