



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Providence Sierra

Respondent Name

American Zurich Insurance Co

MFDR Tracking Number

M4-25-1404-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 25, 2024	73700-LT	\$476.66	\$0.00
February 25, 2024	73700-RT	\$0.00	\$0.00
February 25, 2024	96372	\$0.00	\$0.00
February 25, 2024	99285-25	\$1132.76	\$0.00
February 25, 2024	J1885	\$0.00	\$0.00
February 25, 2024	J2360	\$0.00	\$0.00
February 25, 2024	93005	\$0.00	\$0.00
Total		\$1,549.42	\$0.00

Requestor's Position

The requestor did not submit a position statement with the request for MFDR. Within the documents submitted was a copy of a reconsideration dated August 15, 2024 from the health care provider that states, "We provided critical care to your subscriber, even when no workers comp insurance info was provided at the time of service."

Amount in Dispute: \$1,549.42

Respondent's Position

"The carrier denied the provider's medical bill on the basis that it was not timely submitted to the carrier pursuant to section 408.027 of the Texas Labor Code. Specifically, it was not submitted to the carrier within 95 days of the date of service. The provider has not submitted any documentation to indicate that it meets any of the exceptions to the 95 day rule under section

408.0272. As it currently stands and based upon the documentation submitted, the provider is not entitled to payment.”

Response Submitted by: Flahive, Ogden & Latson

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 requirements of medical bill submission.
3. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
4. [Texas Labor Code 408.0272](#) sets out the workers’ compensation timely billing and exceptions guidelines.

Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 29 – The time limit for filing has expired.
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 4271 – Per Tx Labor Sec. 408.027, Providers must submit bills to payors within 95 days of the date of service.
- 4915 – The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment.

Issues

1. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is seeking reimbursement of outpatient emergency room services rendered in February of 2024. The insurance carrier denied the charges as claim not submitted within 95 days.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will 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 through 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 must be the next previous day that is not a Sunday or legal holiday.

DWC Rule 28 TAC §133.20 (b) 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.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to submit a timely claim for payment to the insurance carrier under Section 408.0272(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 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;
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found the following.

- Explanation of benefits dated June 9, 2024, that denied the claim for timely filing
- Reconsideration dated August 14, 2024, that states workers comp information not provided at the time of service.
- Explanation of benefits dated October 16, 2024, that upheld the denial as claim not submitted timely.

- Notices from Blue Cross / Blue Shield dated October 8, 2024, and December 7, 2024, notifying the provider that a refund was due of payment made since the charges were related to work injury.

The DWC finds that the information presented in this dispute supports the billing of the disputed services to the workers compensation insurance carrier before the BC/BS notification. Therefore, the greater weight of evidence supports, that no exception as described above exists for the disputed service. No payment is 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 additional reimbursement is due.

Order

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

Authorized Signature

		March 31, 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, please 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. **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.texas.gov.