



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health of Plano

Respondent Name

Bitco General Insurance Corp.

MFDR Tracking Number

M4-25-1441-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 28, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 11, 2024	250	204.27	\$0.00
March 11, 2024	36415	38.00	\$0.00
March 11, 2024	86850	264.75	\$0.00
March 11, 2024	80053	627.75	\$0.00
March 11, 2024	85025	215.75	\$0.00
March 11, 2024	85610	190.75	\$0.00
March 11, 2024	85730	209.25	\$0.00
March 11, 2024	86900	221.00	\$0.00
March 11, 2024	86901	105.75	\$0.00

March 11, 2024	71045	613.75	\$0.00
March 11, 2024	70486	2671.25	\$0.00
March 11, 2024	12002	501.25	\$0.00
March 11, 2024	12055	501.25	\$0.00
March 11, 2024	96361	95.50	\$0.00
March 11, 2024	96374	307.75	\$0.00
March 11, 2024	96375	615.50	\$0.00
March 11, 2024	96376	307.75	\$0.00
March 11, 2024	99285	2550.00	\$0.00
March 11, 2024	90715	176.06	\$0.00
March 11, 2024	J0690	19.84	\$0.00
March 11, 2024	J2270	25.00	\$0.00
March 11, 2024	J2405	10.00	\$0.00
March 11, 2024	J7030	50.00	\$0.00
March 11, 2024	682	\$13,833.00	\$0.00
March 11, 2024	90471	\$182.00	\$0.00
Total		\$24,587.17	\$0.00

Requestor's Position

“Change Healthcare, which handles the Hospital’s electronic billing, experienced a cybersecurity breach on February 21, 2024. The Hospital was significantly delayed in issuing worker’s compensation claims until the disruption was remedied. ...The Hospital’s Senior Vice President of the Revenue Cycle, Jeff Mincher, sent such a letter to the TDI in accordance with the issued bulletin. Despite being notified by the Hospital of the issue, Corvel Corporation, on behalf of Bitco General Insurance Corporation (the “Carrier”) denied the Hospital’s claim for timely filing. By denying the Hospital’s claim as untimely filed, the Carrier violated Section 408.0272 of the Texas Labor Code. The Carrier should accept the Hospital’s claim as timely filed and issue prompt payment of \$2,924.20, the MAR value of this claim.”

Supplemental response submitted April 29, 2025

"We did not receive a payment on this matter."

Amount in Dispute: \$24,587.17

Respondent's Position

The Austin carrier representative for Bitco General Insurance Corp is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 4, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §133.20](#) sets out requirements of medical bill submission by health care providers.
3. [Texas Labor Code §408.027](#) sets out requirements for the timely submission of medical bills.

Denial Reasons

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

- 29 – Time limit for Filing Claim/Bill has Expired.
- W3 – Appeal/Reconsideration
- Bill comments: Per rule 133.20 and section 408.0272 of The Act, your documentation does not meet the criteria for proof of timely filing.

Issues

1. Did the requestor support an exception to timely filing requirement?

Findings

1. The requestor is seeking \$24,587.17 for disputed emergency department services rendered on March 11, 2024. Per the explanation of benefit (EOB) documents submitted, the services in dispute were denied due to untimely filing of the medical bill.

DWC Rule 28 Texas Administrative Code §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."

Per Texas Labor Code (TLC) Sec. §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."

TLC §408.0272(b) then sets out certain exceptions for untimely submission of a claim, stating:

"(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...

(d) Notwithstanding any other provision of this section or Section [408.027](#), the period for submitting a claim for payment may be extended by agreement of the parties."

In its request for MFDR, the requestor references a cyber security breach event that occurred in February of 2024, and requests a waiver of the 95-day timely filing rule set out in 28 TAC §133.20, due to the cyber security breach event.

A review of the submitted documentation and information known to DWC finds that there was no waiver of the 95-day medical bill submission rule applied by the Division as a result of a cyber security breach which occurred in February of 2024. Per review of the documents submitted, DWC finds no evidence of an agreement between the parties, as set out in TLC §408.0272 (d), to extend the claim submission timeline.

Per EOB(s) submitted, DWC found only a copy of the reconsideration which indicates the carrier received the request for reconsideration of the medical bill on August 15, 2024.

DWC finds no documentation to support that any of the exceptions to the untimely filing rule, set out in Labor Code §408.0272, exists in this dispute. Therefore, DWC finds the requestor has forfeited their right to reimbursement for the disputed services rendered on February 27, 2024.

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

May 28, 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 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.tas.gov.