



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Kethley Physical Therapy

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-25-1443-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

February 25, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 8, 2024	97161, and 97530	\$235.00	\$0.00
August 22, 2024	97530, 97110, and 97112	\$189.00	\$0.00
August 29, 2024	97530, 97110, and 97112	\$189.00	\$0.00
September 5, 2024	97530, 97110, and 97112	\$189.00	\$0.00
October 7, 2024	97530, 97110, and 97112	\$189.00	\$0.00
October 10, 2024	97530, 97110, and 97112	\$189.00	\$0.00
October 14, 2024	97530, 97110, and 97112	\$189.00	\$0.00
October 17, 2024	97530, 97110, and 97112	\$189.00	\$0.00
Total		\$1,540.00 [sic] (\$1,558.00)	\$0.00

Requester's Position

"The claims in question were submitted well within timely filing guidelines (multiple times). The State Office of Risk Management responded to each submission by sending the claims back with letters requesting corrections to the claim form. We made the corrections requested and resubmitted the claims. We did this multiple times for each claim. By the time that the SQRM finally accepted the claim for processing, it was past the timely filing deadline of 95 days."

Amount in Dispute: \$1,540.00

Respondent's Position

"Upon receiving notification of the dispute submitted by the requestor Kethley Physical Therapy 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 the Texas Labor Code §408.0272(b), (c), or (d) to apply toward an exception to timely filing a medical bill within 95 days from the date of service. The provider has submitted multiple dates of service some of which are not included in the dispute; however, the submission received on 1/24/2025 had changes to the bill(s) making it a new bill which was not received within 95 days from the date(s) of service... 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."

Response Submitted by: SORM

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 [§133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §133.2](#) provides definitions for the medical billing and processing rules.
4. [28 TAC §133.20](#) sets out the medical bill submission by health care provider.
5. [28 TAC §133.10](#) sets out the procedures for completing medical bills.
6. [28 TAC §133.200](#) sets out the procedures for receipt of medical bills by insurance carriers.
7. [The Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
8. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.
9. [28 TAC §141.1](#) sets out the guidelines for dispute resolution—benefit review conference.

Denial Reasons

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

- 16 – Claim/service lacks information which is needed for adjudication.
- 251 – The attachment content received did not contain the content required to process this claim or service.
- 29 -The time limit for filing has expired.

- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- Note: The CQ modifier must be paired with the GP therapy modifier and the CO modifier with the GO therapy modifier.
- Note: Billed DX and/or documentation does not support services are being rendered for the compensable injury. Please resubmit with DX code(s) that are related to W/C compensable injury. Please submit documentation (flowsheet) to support services that were rendered.
- 18 – Exact duplicate claim/service.

Issues

1. Did the State Office of Risk Management (SORM) return the medical bills in accordance with 28 Texas Administrative Code (TAC) §133.200?
2. Did the requester submit a new medical bill within the 95-day timely filing requirement for dates of service from August 8, 2024, through October 17, 2024?
3. Is the requester entitled to reimbursement for the services in dispute?

Findings

1. The requester seeks reimbursement for physical therapy services provided from August 8, 2024, through October 17, 2024. According to the documentation submitted, the insurance carrier (SORM) returned the medical bills due to the following deficiencies:

SORM letter dated August 23, 2024:

- Non-compliance with 28 TAC §133.10(f)(1)(K), which requires the referring provider's license type, state license number, jurisdiction state, and 'OB' qualifier to be listed in CMS-1500 field 17a.
- The business name and/or address listed in CMS-1500 Box 33, UB04 Box 2, DWC66 Box 4, and J400 Box 48 were not registered with the Comptroller. The requester was asked to complete and return a W-9 form with the bill due to an invalid or missing Social Security number and missing employer name and address.

SORM letter dated October 1, 2024:

- Non-compliance with 28 TAC §133.10(f)(1)(U), which requires the rendering provider's license type, state license number, jurisdiction state, and 'OB' qualifiers in CMS-1500 field 24j when the rendering provider is different from the billing provider.
- Requester was instructed to resubmit the bill with a valid Texas state license number in field 24j.

SORM letter dated November 1, 2024:

- Continued issues with the business name and/or address not being registered with the Comptroller. The requester was again asked to complete and return the W-9 form with the bill.

Under 28 TAC §133.2(4), a “complete medical bill” must contain all required fields as specified in §133.10 or §133.500. Per 28 TAC §133.200(a)(1), insurance carriers shall not return complete medical bills except if they are duplicates. However, 28 TAC §133.200(a)(2)(A)(i–iv) allows the insurance carrier to add missing information it already knows, excluding critical data such as dates of service, procedure codes, units, or charges, or otherwise return incomplete bills within 30 days.

Because the medical bills were returned in compliance with the procedures outlined in Rule 28 TAC §133.200, the Division of Workers’ Compensation (DWC) finds that SORM properly returned the bills and, therefore, the requester is not entitled to reimbursement based on this issue.

2. The requester is seeking reimbursement totaling \$1,540.00 for CPT codes 97161, 97530, 97110, and 97112 for services provided from August 8, 2024, through October 17, 2024. The insurance carrier also denied the bills due to untimely submission.

According to 28 TAC §133.20(b) and Texas Labor Code (TLC) §408.027(a), medical bills must be submitted within 95 days of the date of service. Exceptions to this rule are provided in TLC §408.0272(b), which permits late submission if the provider billed:

- An insurer issuing a group accident and health insurance policy covering the injured employee;
- A health maintenance organization issuing evidence of coverage for the injured employee;
- A workers' compensation insurance carrier other than the liable carrier; or
- If the commissioner determines that a catastrophic event substantially disrupted the provider’s normal business operations.

TLC §408.0272(d) also allows for the filing deadline to be extended by mutual agreement of the parties.

Upon review, the DWC found insufficient evidence that the medical bills were submitted to the insurance carrier within the required 95-day period after the dates of service. There was also no supporting documentation showing that the bills met any of the stated exceptions, nor was there evidence of an agreement to extend the deadline.

3. Based on the evidence presented, the requester did not demonstrate timely submission or eligibility under an exception. Consequently, the DWC concludes that reimbursement is not warranted for the disputed services.

Conclusion

The outcome of this medical fee dispute is based on all evidence submitted by both parties at the time of adjudication. While not all evidence may have been explicitly discussed, it was considered in the decision.

The Division of Workers' Compensation finds that 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

June 27, 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. **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