



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Lone Star Orthopedics

Respondent Name

Deep East Texas Self Insurance Fund

MFDR Tracking Number

M4-25-1581-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

March 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 9, 2024	29881	\$1,824.00	\$0.00
August 9, 2024	27347-59-LT	\$1,246.00	\$0.00
Total		\$3,070.00	\$0.00

Requestor's Position

"Claim form was generated on August 19, 2024, and faxed to TriStar Risk Management on 8-19-2024. The biller attached the progress note rather than the operation report to the claim."

Requestor's Supplemental Position

"I disagree with the carrier's assessment. The Fax log proves that the claim form was faxed to Tristar in a timely manner."

Amount in Dispute: \$3,070.00

Respondent's Position

"Our records show that a complete bill was received for processing on 12/6/2024, which is past the timely filing deadline for both initial and corrected billing."

Response Submitted by: Injury Management Organization (IMO)

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. [28 TAC §133.10](#) sets out health care provider billing procedures.
4. [28 TAC §134.600](#) sets out procedures for prospective and concurrent review of health care.

Denial Reasons

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

- 29 – The time limit for filing has expired.

Issues

1. Is the insurance carrier's denial of payment based on untimely filing supported?
2. Did the requestor submit a complete medical bill for the services in dispute in accordance with 28 TAC §133.10(f)?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor is seeking reimbursement for surgical services rendered on August 9, 2024. A review of the explanation of benefits (EOB) submitted finds that the insurance carrier denied reimbursement due to untimely filing of the medical bill.

28 TAC §133.20 which sets out the requirements for 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."

The requestor asserts in its position statement that the provider first billed for the claim in question on August 19, 2024, via facsimile transmission. The requestor submitted a fax log document as evidence of the timely submission of the medical bill. According to documentation submitted and information known to DWC, the medical bill was successfully sent to a fax number published as the insurance carrier's bill review department on August 19, 2024, less than 95 days after the disputed date of service. DWC finds that the fax log document submitted supports timely filing of the disputed medical claim.

Based on the submitted documentation and information known to the division, DWC finds the insurance carrier's reason for denial based on untimely filing of the medical bill is not supported.

2. 28 TAC §133.10(f) sets out required medical billing formats and states in pertinent part, "(f) All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form.

"(1) The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers' compensation health care:

- (A) patient's Social Security number (CMS-1500/field 1a) is required;
- (B) patient's name (CMS-1500/field 2) is required;
- (C) patient's date of birth and gender (CMS-1500/field 3) is required;
- (D) employer's name (CMS-1500/field 4) is required;
- (E) patient's address (CMS-1500/field 5) is required;
- (F) patient's relationship to subscriber (CMS-1500, field 6) is required;
- (G) employer's address (CMS-1500, field 7) is required;
- (H) workers' compensation claim number assigned by the insurance carrier (CMS-1500/field 11) is required when known; the billing provider must leave the field blank if the workers' compensation claim number is not known by the billing provider;
- (I) date of injury and "431" qualifier (CMS-1500, field 14) are required; ...

(N) prior authorization number (CMS-1500/field 23) is required in the following situations:

(i) Preauthorization, concurrent review, or voluntary certification was approved, and the insurance carrier provided an approval number to the requesting health care provider. Include the approval number in the prior authorization field (CMS-1500/field 23) ...

(U) rendering provider's state license number (CMS-1500/field 24j, shaded portion) is required when the rendering provider is not the billing provider listed in CMS-1500/field 33; the billing provider must enter the 'OB' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX')..."

A review of the submitted CMS-1500 medical bill finds that the following required elements are missing or completed incorrectly in accordance with 28 TAC §133.10(f):

- The employers name in field 4.
- The employers address in field 7.
- The employers date of injury in field 14.
- Prior authorization number in field 23; prior authorization is required for outpatient surgery services in accordance with 28 TAC §134.600 (p)(2).
- The rendering provider's state medical license number in field 24j (shaded area).

Due to the missing required elements of the medical bill, DWC finds that the requestor did not submit a complete medical bill for the services in dispute as required by 28 TAC §133.10(f).

3. The requestor is seeking reimbursement in the amount of \$3,070.00 for surgical services rendered on August 9, 2024, billed under procedure codes 29881-LT and 27347-59-LT. Because the medical bill review found that the requestor did not submit a complete medical bill in accordance with 28 TAC §133.10(f), DWC finds that the requestor is not entitled to reimbursement.

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 reimbursement in the amount of \$0.00 for the disputed date of service August 9, 2024.

Authorized Signature:

April 24, 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.tas.gov.