



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

New Jersey Podiatric Physician

Respondent Name

Sirius America Insurance Company

MFDR Tracking Number

M4-25-1813-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 7, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 15, 2024	99223-25-57	\$459.20	\$0.00
April 15, 2024	28825-T6	\$804.75	\$0.00
April 15, 2024	28515-T9-59	\$473.55	\$0.00
April 15, 2024	28665-T8-59	\$422.70	\$0.00
April 15, 2024	13121-T9-59	\$1,183.45	\$0.00
April 15, 2024	13120-T8-59	\$989.58	\$0.00
April 15, 2024	13120-T7-59	\$989.58	\$0.00
Total		\$5,322.81	\$0.00

Requestor's Position

"Since there was no response from him, we sent him 5 statements to get back to us with the insurance information needed to get the claim paid. Once the information was received, we billed the insurance company on 11/14/2024, the claim was processed and denied for Late filing on 12/30/2024."

Amount in Dispute: \$5,322.81

Respondents' Position

"On 11/27/24, the Carrier received the initial bill from the Requestor (HCP) for DOS 4/15/2024. The DOS was denied for not being timely filed (CARC 29). There was no information included with the HCP's billing that indicated erroneous filing of the bill with the group health carrier or previous WC carrier. Nothing to support exceptions for untimely submission. To date, there has been no reconsideration request received as required by rule before a HCP can submit a Medical Fee Dispute. Additionally, the Requestor had 10 months from the date of service to submit a request for reconsideration. The deadline for the DOS, 4/15/2024, to be reconsidered was 2/15/2024."

Response Submitted by: CorVel Healthcare Corporation

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 \(TAC\) §133.20](#) sets out the procedures for submission of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.

Denial Reasons

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

- 25 - Separate E&M Service, Same Physician
- 352 - Network disc not applicable to procedure billed
- 59 - Distinct Procedural Service
- 29 - Time Limit for Filing Claim/Bill has Expired
- 57 - Decision for Surgery
- RM2 - Time limit for filing claim has expired

Issues

1. Were the services provided out of state?
2. Is the requester entitled to reimbursement for the service(s) in dispute?

Findings

1. The requester is a healthcare provider in the state of New Jersey who provided medical services to an injured employee with a Texas Workers' Compensation claim. The health care provider was dissatisfied with the final action taken by the insurance company and has therefore requested medical fee dispute resolution under 28 TAC §133.307. Because the requestor sought the administrative remedy outlined in 28 TAC §133.307, the Division finds that it has jurisdiction to resolve the issues in this dispute under the Texas Workers' Compensation Act and its corresponding rules.
2. The requester seeks reimbursement in the amount of \$5,322.81, for a hospital visit, rendered on April 15, 2024.

With a few exceptions, 28 TAC §133.20 (b) requires submission of medical bills not later than 95 days after the date the services are provided. TLC §408.0272 (b) provided the exceptions to this requirement, which include:

The health care provider filed the bill to:

- an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured
- a health maintenance organization that issues evidence of coverage under which the injured employee is a covered enrollee; or
- a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC §408.0272 (d) also states that the period for submitting a claim for payment may be extended by the agreement of the parties.

The DWC finds there is insufficient evidence that the requester submitted the medical bill to the insurance carrier within 95 days after the date the services were provided. There was insufficient evidence that the bills in question qualified for one of the allowed exceptions, or that an agreement had been reached with the insurance carrier to extend the time limit for filing the medical bills.

DWC finds that the requester is not entitled to reimbursement for the services in question.

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 14, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.