



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Varsha Gillala, D.O.

**Respondent Name**

Texas Mutual Insurance Co.

**MFDR Tracking Number**

M4-25-2031-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

April 30, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 14, 2024, through August 21, 2024	99232, 99233, 99238	\$1,833.36	\$0.00

### Requester's Position

"For the below mentioned patient claim was denied for timely filing. But we have submitted the claim within timely filing limit unfortunately it was sent to incorrect Insurance."

**Amount in Dispute:** \$1,833.36

### Respondent's Position

"Texas Mutual on 01/14/2025 received the original bill from RECOVERY & GOALS, PLLC (Attachment), The bill was 146 days at received date... In their DWC-60 packet, Recovery & Goals, PLLC stated they initially submitted the bill to the incorrect insurance, Sedgwick, however, they have not provided proof of erroneous billing in the form of an EOB or a letter from the incorrect payer. Our position is that no payment is due."

**Response Submitted by:** Texas Mutual Insurance Co.

## 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 §408.0272](#) sets out certain exceptions for the untimely submission of a medical claim.

### Denial Reasons

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

- 29 – THE TIME LIMIT FOR FILING CLAIM/BILL HAS EXPIRED.
- 731 – PER 133.20(B), PROVIDERS MUST SUBMIT A MEDICAL BILL LATER THAN THE 95<sup>TH</sup> DAY AFTER THE OF THE DATE OF SERVICE.

### Issues

1. Do any of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272, exist in this dispute?
2. Has the requester waived their right to medical fee dispute resolution?

### Findings

1. The requester is seeking reimbursement in the amount of \$1,833.36 for professional medical services rendered in an inpatient rehabilitation facility August 14, 2024, through August 21, 2024.

A review of the explanation of benefits (EOB) submitted finds that the insurance carrier denied payment due to untimely filing of the medical bill. In its position statement, the requester asserts that it timely submitted the medical bill first to an incorrect workers compensation carrier.

28 TAC §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."

Texas Labor Code §408.0272(b) which sets out certain exceptions for untimely submission of a claim, states "(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."

A review of the documentation submitted finds no evidence of the original bill submitted to an incorrect insurance carrier. A review of the documentation submitted finds no evidence of an EOB or communication from an incorrect insurance carrier. The review of the submitted documentation finds no evidence of the erroneous bill sent to an incorrect insurance carrier. As a result, DWC finds that the requester has not supported that any of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272, exist in this dispute.

2. The requester is seeking reimbursement in the amount of \$1,833.36 for professional medical services rendered in an inpatient rehabilitation facility August 14, 2024, through August 21, 2024.

A review of the explanation of benefits (EOB) documents submitted finds that the medical bill in dispute was first received by the correct insurance carrier more than 95 days past the disputed dates of service, August 14, 2024, through August 21, 2024.

Based on the submitted documentation and because no evidence was submitted to support that any of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272, exist in this dispute, DWC finds the requester is not entitled to reimbursement.

## Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds 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:**

July 31, 2025

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Signature

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Medical Fee Dispute Resolution Officer

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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](http://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](mailto: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](mailto:CompConnection@tdi.tas.gov).