



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Clear Skies Anesthesia

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-2568-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

June 13, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 12, 2023[sic] (the correct year is 2024)	01938 QX / ANES DRG/ASPIR LMBR/SAC	\$3,600.00	\$0.00
July 12, 2023[sic] (the correct year is 2024)	01938 QY / ANES DRG/ASPIR LMBR/SAC	\$3,750.00	\$0.00
Total		\$7,350.00	\$0.00

Requester's Position

"We sent our first claim on 08/02/2024 and did not receive a response. We then resent claim on 9/18/24 and received a denial for timely filing. Please waive timely as we did file in a timely manor."

Amount in Dispute: \$7,350.00

Respondent's Position

"Texas Mutual on 10/21/2024 received the bills from NORTH CENTRAL SURGERY CENTER. ... The rationale given by the requestor for the late bill is not consistent with the Rule above, sufficient proof of timely filing has not been provided. Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance Company

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. [The Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
4. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.
5. [28 TAC §141.1](#) sets out the guidelines for dispute resolution—benefit review conference.

Denial Reasons

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

- CAC-29 - The time limit for filing has expired.
- 731 - Per 133.20(0) provider shall not submit a medical bill later than the 95th day after the date the service.
- 928 - HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.
- CAC-W3 - In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 350 - Bill has been identified as a request for reconsideration or appeal.
- 891 - No additional payment after reconsideration

Issues

1. Is the requester entitled to reimbursement for the disputed service(s)?

Findings

1. The requester is seeking reimbursement in the amount of \$7,350.00 for CPT code 01938 QX and 01938 QY provided on July 12, 2024. The insurance carrier denied the claim, citing untimely submission of the medical bills.

According to 28 Texas Administrative Code (TAC) §133.20(b) and Texas Labor Code (TLC) §408.027(a), medical bills must be submitted no later than 95 days after the date the services are provided. Exceptions to this rule are outlined in TLC §408.0272(b), which allows for late submission if the provider billed:

- An insurer that issued a group accident and health insurance policy under which the injured employee was covered;
- A health maintenance organization that issued evidence of coverage for the injured employee;
- A workers' compensation insurance carrier other than the one liable for payment of benefits; or
- If the commissioner determines that a catastrophic event substantially interferes with the provider's normal business operations.

TLC §408.0272(d) also provides that the submission deadline may be extended by mutual agreement of the parties.

Upon review, the Division of Workers' Compensation (DWC) found insufficient evidence that the medical bills were submitted to the insurance carrier within 95 days after the service date. There was also no supporting documentation indicating that the bills qualified for any of the stated exceptions, nor any evidence of an agreement between the parties to extend the filing deadline.

Based on the evidence presented, the requester did not demonstrate timely submission or eligibility under an exception. Therefore, the DWC concludes that the requester is not entitled to reimbursement for the services in dispute.

Conclusion

The resolution of this medical fee dispute is based on the evidence submitted by both the requester and the respondent. While not every piece of evidence is discussed in detail, all materials were reviewed and considered.

The DWC finds that the requester has not established entitlement to reimbursement.

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

September 12, 2025

Date

Your Right to Appeal

Either party involved in this medical fee dispute has the right to request a review of this decision under 28 TAC §133.307, which applies to disputes filed on or after June 1, 2012.

To initiate a request for review, the party must complete and submit *DWC Form-045M, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*, in accordance with the instructions set forth on the form. This form may be accessed at www.tdi.texas.gov/forms/form20numeric.html.

The completed request must be submitted to the Texas Department of Insurance, Division of Workers' Compensation (DWC), within twenty (20) days of receipt of this decision. Submissions may be made via facsimile, postal mail, or personal delivery, using the contact information provided on the form or that of the appropriate DWC field office managing the claim. Timely submission is essential to ensure that the request is considered and processed appropriately.

The party requesting a review must also send a copy of the request to all other parties involved in the dispute at the same time as it is submitted to the Division of Workers' Compensation (DWC). The request must also include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required documents listed in [28 TAC §141.1\(d\)](#).

For any inquiries regarding *DWC Form-045M*, please contact CompConnection at 1-800-252-7031 (option 3) or via email at CompConnection@tdi.texas.gov.