



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

AdventHealth

**Respondent Name**

Siriuspoint American Insurance

**MFDR Tracking Number**

M4-25-2647-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

June 24, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 13, 2024	97597	\$261.28	\$0.00
June 13, 2024	99183	\$9,091.45	\$0.00
<b>Total</b>		\$9,352.73	\$0.00

### Requester's Position

The requester submitted a document titled "Reconsideration" dated June 11, 2025 that states, "Per the EOB attached, the Invoice referenced was denied due to untimely filing. Our records indicate that the claim was filed timely and initially submitted on 7/11/2024. Your company's lack of receipt may be due to an address change, electronic transmission failure or other internal issue. However, it is our position that we did meet our timely filing obligation."

**Amount in Dispute:** \$9,352.73

### Respondent's Position

"The denial that occurred on 99183 were for timely filing and us of a CPT code that is not accepted by CMS. While the HBO therapy code, 99183, is a valid CPT code, it is not valid for reimbursement when billed by a facility for Outpatient services. The denial for CPT code 97597 was due to timely filing not being met. ...Upon appeal (received by the carrier on 02/06/25), the

denials were maintained. The Timely Filing denial was maintained as the HCP did not submit valid proof of timely filing as defined above under Labor Code 408.0272. Screen shots are not considered valid proof of timely filing. In addition, the denial for incorrect coding for 99183 was maintained as the HCP failed to correct their code.”

**Response Submitted by:** CorVel

## **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 \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
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 the payment for the disputed services with the following claim adjustment codes:

- 29/RM2 – Time limit for filing claim has expired.
- 352 – Network disc not applicable to procedure billed.
- Comment – Original submission was received 12/3/2024 therefore the reason for the timely filing denial is it was after the 95<sup>th</sup> day.
- W3 – Appeal/ Reconsideration

### Issues

1. Did the respondent raise a new issue?
2. Are the insurance carrier’s denials supported?

### Findings

1. The respondent submitted a position statement that states, “While the HBO therapy code, 99183, is a valid CPT code, it is not valid for reimbursement when billed by a facility for Outpatient service.”

DWC §133.307(d)(2)(F) states in pertinent part, “The responses shall address only those denial

reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. A review of the submitted EOB does not support the denial based upon invalid code. As a result, due to the insufficient documentation the DWC will proceed with the audit of the disputed charges.

2. The requester is seeking reimbursement in the amount of \$9,352.73 for outpatient hospital services provided on June 13, 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.

### Conclusion

Based on the evidence presented by both the requester and respondent at the time of adjudication, and upon review of applicable Texas Workers' Compensation rules and Medicare policies, the Division of Workers' Compensation finds:

- The screen shot submitted by the requester does not indicate a successful transmission of the medical bill to the correct workers' compensation carrier within 95 days.
- Therefore, the requester is not entitled to any additional reimbursement, and the amount due is \$0.00.

Although not all submitted evidence is discussed in detail, it was fully considered in reaching this determination.

## 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

July 17, 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](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, please call CompConnection at 1-800-252-7031, option three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).