

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Midland Memorial Hospital

Respondent Name

Acuity A Mutual Insurance Co

MFDR Tracking Number

M4-25-2650-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

June 24, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 14, 2024	Surgery	\$12,582.89	\$0.00

Requester's Position

"Payer is denying for timely. However, the bill was submitted via mail prior to timely on 11/12/2024."

Amount in Dispute: \$12,582.89

Respondent's Position

"The Carrier received the HCP's billing on 11/20/2024 as shown in the attached EOR (4964113-1,39 – original submission; 4964113-2,39 Reconsideration) as well as the original billing -also attached and highlighted. DOS is 08/14/2024. 95 days from 08/14/2024 is 11/17/2024. As required in the rule listed above the Requestor failed to submit valid proof of timely filing. As such, the bill was denied during original review and the denial maintained on the request for reconsideration."

Response Submitted by: CorVel

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 resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission.
3. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
4. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- W3 – Appeal/Reconsideration.
- 29 – The time limit for filing claim/bill has expired.
- Bill Comments – Effective 9/1/05, providers have 95 days to submit bills to the insurance carrier for reimbursement. Your bill exceeds this limit. Reimbursement is denied in accordance with Section 40.027 of the Act.
- Bill Comments – Per rule 133.20 and section 408.0272 of The Act, your documentation does not meet the criteria for proof of timely filing RECONSIDERATION FOR BILL 39/4964113.

Issues

1. Did the requester support timely submission of medical claim?

Findings

1. The requester is seeking reimbursement of outpatient hospital surgery charges rendered in August of 2024. The insurance carrier denied the charges stating the bill was not timely submitted.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or

(2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

DWC Rule 28 TAC §133.20 (b) 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.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(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;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found insufficient evidence to support the requesters' statement that the claim was submitted via mail prior to timely on 11/12/2024. The insurance carrier's explanation of benefits indicates the claim was received on November 20, 2024. This date is beyond the 95 day filing deadline. The insurance carrier's denial is upheld.

DWC finds there is insufficient information to support any of the exceptions described above. No payment is recommended.

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 Midland Memorial Hospital has not established that reimbursement of \$12,582.89 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

_____	_____	August 21, 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 electronico CompConnection@tdi.texas.gov.