

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Breckenridge Surgery Center

Respondent Name

Indemnity Insurance Co.

MFDR Tracking Number

M4-25-2697-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

June 24, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 12, 2024	Surgery services	\$5,814.16	\$0.00

Requestor's Position

"I have submitted this claim 2 different times, this makes the 3rd all claims have been sent to the same address and every time I check claim status there is no record of the claim. My last conversation with a representative on March 13, 2025, there was no record of the claim I submitted on 2/13/2025, so this one I had to send certified. Please review all attachments and process our claim for payment."

Amount in Dispute: \$5,814.16

Respondent's Position

"The carrier maintains the denial of the bill as the provider has not submitted proof of timely filing."

Response Submitted by: Broadspire

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 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 & D10 – THE TIME LIMIT FOR FILING CLAIM/BILL HAS EXPIRED.
- P13 – PAYMENT REDUCED OR DENIED BASED ON WORKERS' COMPENSATION JURISDICTIONAL REGULATIONS OR PAYMENT POLICIES.
- W3 – IN ACCORDANCE WITH TDI-OWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL
- D00 – BASED ON FURTHER REVIEW, NO ADDITIONAL ALLOWANCES WARRANTED.

Issues

1. Has the requestor waived their right to medical fee dispute resolution?

Findings

1. The requestor is seeking \$5,814.16 for surgical services rendered on November 12, 2024.

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 explanation of benefits (EOB) documents submitted finds that the medical bill in dispute was first received by the insurance carrier on March 13, 2025, more than 95 days past the disputed date of service, November 12, 2024.

Per documentation submitted, DWC finds that the medical bill in dispute was submitted to the insurance carrier more than 95 days after the disputed date of service of November 12, 2024.

DWC finds no documentation that any of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272, exist in this dispute.

Based on the submitted documentation, DWC finds the requestor is not entitled to reimbursement.

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:

July 16, 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, 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.tas.gov.