



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Texas Health Resources

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-25-2986-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

July 21, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 25, 2024	272	\$10.00	\$0.00
July 25, 2024	300 36415	\$38.00	\$0.00
July 25, 2024	301 80047 59	\$408.75	\$0.00
July 25, 2024	301 80053	\$627.75	\$0.00
July 25, 2024	301 83690	\$257.00	\$0.00
July 25, 2024	301 84484	\$141.75	\$0.00
July 25, 2024	305 85014 59	\$101.00	\$0.00
July 25, 2024	305 85025	\$215.75	\$0.00
July 25, 2024	305 65610	\$190.75	\$0.00
July 25, 2024	305 85730	\$209.25	\$0.00
July 25, 2024	351 70496	\$4535.25	\$0.00
July 25, 2024	351 70498	\$4535.25	\$0.00
July 25, 2024	450 96374 59	\$307.75	\$0.00
July 25, 2024	450 96375 59	\$615.50	\$0.00
July 25, 2024	450 99285 25	\$2550.00	\$0.00
July 25, 2024	636 J2405	\$10.00	\$0.00
July 25, 2024	636 J2919	\$49.63	\$0.00
July 25, 2024	636 J3360	\$103.36	\$0.00
July 25, 2024	636 J7030	\$50.00	\$0.00
July 25, 2024	636 Q9967 JZ	\$1050.00	\$0.00
July 25, 2024	730 93005	\$329.00	\$0.00

	Total	\$16,335.74	\$0.00
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### **Requester's Position**

"...upon receiving the Hospital's complete claim with medical records, the Carrier denied the claim as a "duplicate claim." Despite this denial, the Carrier never processed any "initial" claim, and to date has not paid any amount for the care rendered to (injured worker). As the attached reconsideration request demonstrates, the Hospital attempted to clarify the situation for the Carrier. In its latest response to the Hospital, the Carrier maintained its denial."

**Amount in Dispute:** \$16,335.74

### **Respondent's Position**

"Upon receiving notification of the dispute submitted by the requestor, Texas Health Resources, the Office reviewed the disputed charges and determined that we will maintain our denial. There is no evidence in the dispute packet to support the two criteria outline in Texas Labor Code §408.0272 (b), (c), or (d) to apply toward an exception to timely filing a medical bill within 95 days from the date of service."

**Response Submitted by:** SORM

### **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.

- 29 – The time limit for filing has expired.
- 18 – Exact duplicate claim/service.
- W3 – Reporting purposes only.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- Please submit BCBS letter of notification, copy of the explanation of benefits (EOB's) that were sent to you when by Blue Cross Blue Shield processed these claims.

## Issues

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

## Findings

1. The requester is seeking reimbursement of outpatient hospital services rendered July 25, 2024. The insurance carrier denied the services stating the medical bill was not submitted within 95 days of the date of service.

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 submit a timely 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 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 the requester did not submit any evidence of submission to the injured worker's private health insurance, Blue Cross Blue Shield of Texas. The explanation of benefits indicates the claim was received by the workers' compensation carrier on November 25, 2024. This date is past 95 days from the date of service.

DWC finds there is insufficient information to support 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 Texas Health Resources 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**

Signature	Medical Fee Dispute Resolution Officer	September 25, 2025 Date
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**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 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.texas.gov](mailto:CompConnection@tdi.texas.gov).