



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Dell Seton Med Center at UT

Respondent Name

University of Texas Health System

MFDR Tracking Number

M4-25-1441-01

Carrier's Austin Representative

Box Number 46

DWC Date Received

February 28, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 23, 2024 through October 2, 2024	Inpatient stay	\$44,358.54	\$0.00

Requester's Position

"Our records indicate IMO denied the above referenced claim following an internal determination the claim was received after the timely filing period had expired. This letter serves as a formal appeal and a request for reconsideration of the denial. As you may be aware, on May 8, 2024, Ascension detected unusual activity in our network systems and determined it to be a cybersecurity incident. As a result of the foregoing, we were unable to fulfill some of the contractually required administrative processed during this time for reasons beyond our control."

Amount in Dispute: \$44,358.54

Respondent's Position

"Based on the submitted documentation and review of guidelines, payment is not recommended. The original and subsequent bill submissions did not include proof of timely filing. (Fax Confirmation Sheet, Certified Mail Receipt, Electronic Clearinghouse Sheet or a Primary Insurance Carrier EOB).

Response Submitted by: Injury Management Organization, Inc

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 §408.027](#) sets out requirements for the timely submission of medical bills.

Denial Reasons

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

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination.
- 18 – Exact duplicate claim/service.
- 29 – The time limit for filing has expired.
- 2/28/25 – The attached UB-04 is being returned to provider to provide a legible bill, unable to make out some line's Revenue, CPT codes, units and charges.

Issues

1. Has the requester submitted evidence of timely filing or exception to timely filing defined in applicable DWC rule(s)?

Findings

1. The requester is seeking \$44,358.54 for an inpatient hospital stay rendered from September 23, 2024 through October 2, 2024. Per the explanation of benefit (EOB) documents submitted, the services in dispute were denied due to untimely filing of the medical bill.

DWC Rule 28 Texas Administrative Code §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."

Per Texas Labor Code (TLC) Sec. §408.027, "(a) A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

TLC §408.0272(b) then sets out certain exceptions for untimely submission of a claim, stating:

"(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...

(d) Notwithstanding any other provision of this section or Section [408.027](#), the period for submitting a claim for payment may be extended by agreement of the parties.”

In its position statement the requester references a cyber security breach event that occurred in May of 2024.

A review of the TDI website at [Claim submission delays](#), found the Ascension cybersecurity event and The University of Texas Medical Branch extensions due to the reported cybersecurity event ended prior to the disputed dates of service.

Per review of the documents submitted, DWC finds no evidence of an agreement between the parties, as set out in TLC §408.0272 (d), to extend the claim submission timeline.

Per EOB(s) submitted, DWC finds that the medical bill in dispute was first received by the insurance carrier on June 27, 2025, more than 95 days after the disputed date of service, September 23, 2024 through October 2, 2024.

DWC finds no documentation to support that any of the exceptions to the untimely filing rule, set out in Labor Code §408.0272, exists in this dispute. Therefore, DWC finds the insurance carrier’s denial is supported. 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 requester 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

October 21, 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. 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 electrónico CompConnection@tdi.tas.gov.