



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

VINCERA REHAB

Respondent Name

ACE AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-23-2029-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

April 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 9, 2022	49999	\$24,433.00	\$0.00
Total		\$24,433.00	\$0.00

Requestor's Position

"Vincera received a packet of our billing returned stating it needed to be submitted on a HCFA-1500 without the bill being processed. The bill was resubmitted in the proper format, & then denied stating there was no authorization requested for the service. Prior to the patient having surgery, Vincera reached out to the WC adjuster to verify coverage of the claim. Per the attached email chain, from the adjuster, Deborah Fields, our office was not aware a separate authorization was needed from the bill review company for the bills to be processed. We were advised that the patient was approved for 'the works' i.e., office visits, MRI, surgery, & physical therapy after surgery... The proof of timely filing is attached, this bill was submitted multiple times to Chub but not forwarded to Corvel for processing in a timely fashion. It is not the responsibility of the provider to ensure the TPA sends bills to their bill review within the timely filing range. If the TPA had forwarded the bills at time of receipt, the bills would have been processed correctly. This bill was mailed twice to the carrier, Chubb, but never forwarded to bill review."

Amount in Dispute: \$24,433.00

Respondent's Position

"The Requestor, Vincera Rehab/Vincera Surgery Center, provided a position statement alleging they were not advised a separate authorization was needed from the bill review company for the bills to be processed; that the adjuster authorized "the works"; and that their bill was submitted timely but returned for incorrect billing... (Timely Filing) Carrier received a bill from the Requestor on 8/23/2022. However, the bill was on the wrong billing form as required by Texas WC. ASC bills are submitted on the CMS1500 form. Since the bill was submitted on the wrong billing form it was not considered a complete medical bill as defined by rule §133.10. The bill was returned to the Requestor on 8/26/2022 –within 30 days of receipt as required. Please see EXHIBIT A. A complete medical bill for ASC services was not received from the Requestor until 2/10/23."

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) §133.20 sets out the medical bill submission procedures for health care providers.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
4. 28 TAC §102.4 sets out the rules for non-Commission communications.
5. TLC §408.027 sets out the rules for timely submission of claims by health care providers.
6. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

Denial Reasons

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

- 29 – Time limit for filing claim/bill has expired.
- 352 – Network disc not applicable to procedure billed.
- SG – Ambulatory surgical center (ASC) facility service.

Issues

1. Under what authority is the request for medical fee dispute resolution considered?
2. What is the timely filing deadline applicable to the medical bills for the services in dispute?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. The requestor is a health care provider that rendered disputed services in Philadelphia, Pennsylvania to an injured employee with an existing Texas Workers' Compensation claim. The health care provider requested reconsideration from the insurance carrier and was dissatisfied with the insurance carrier's final action. The health care provider has requested medical fee dispute resolution under 28 TAC §133.307. Because the requestor has sought the administrative remedy outlined in 28 TAC §133.307 for resolution of the matter of the request for additional payment, the Division concludes that it has authority to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.
2. The requestor seeks reimbursement for ASC services rendered on August 9, 2022. The date the services were billed to the carrier is 8/19/22. Review of the medical documentation supports that the requestor initially billed on a Uniform Bill 04 (UB-04).

28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers... and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Review of Medicare Claims Processing Manual, Chapter 14 - Ambulatory Surgery Center, 10.1 Definition of Ambulatory Surgical Center (ASC), states, "If a facility meets the above requirements, it bills the carrier on Form CMS-1500 or the related electronic data set and is paid the ASC payment amount."

28 TAC §133.20 (b) Except as provided in subsection (a) of this section, health care providers, including those providing services for a certified workers' compensation health care network as defined in Insurance Code Chapter 1305 or to political subdivisions with contractual relationships under Labor Code §504.053(b)(2), shall submit paper medical bills for payment on: (1) the 1500 Health Insurance Claim Form Version 02/12 (CMS-1500)."

Review of the medical documentation supports that the requestor; an ASC submitted the initial bill to the insurance carrier on a UB-04. The insurance carrier responded on August 26, 2022 to the requestor stating, "YOUR BILL IS BEING RETURNED AS INCOMPLETE, PLEASE INCLUDE THE ITEMS INDICATE BELOW AND RESUBMIT FOR PROCESSING: PLEASE SUPPLY THE APPROPRIATE BILLING FORM: CMS-1500."

Review of the CMS-1500 dated February 9, 2023 for date of service August 9, 2022 was audited by the insurance carrier on February 22, 2023 and denied the new bill due to 95-day filing requirements.

3. 28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

The DWC finds insufficient documentation was found to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided.

TLC §408.027(a) states, in pertinent part, that "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."

28 TAC §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall 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 via 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 shall be the next previous day which is not a Sunday or legal holiday."

Review of the submitted documentation finds insufficient documentation to support that a medical bill was submitted within 95-days from the date the services were provided. Therefore, pursuant to TLC §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

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.

The DWC finds the requester has established that reimbursement of \$0.00 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

Signature

Medical Fee Dispute Resolution Officer

August 1, 2023
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 managing 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.

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.