



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Centrum Surgical Center

Respondent Name

Chubb Indemnity Insurance Co

MFDR Tracking Number

M4-24-1238-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

January 31, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 4, 2023	11442 XS	\$0.00	\$0.00
April 4, 2023	11442	\$972.38	\$0.00
Total		\$972.38	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for reconsideration. They did submit a copy of their reconsideration dated September 11, 2023 that states, "...We then received correspondence from Corvel on 07/14/2023 that the bill must be on a CMS-1500 claim form in order to process correctly. We refaxed the corrected claim that day for processing. The bill denied for timely filing which is incorrect as we are in the state of Colorado and are allowed the full 120 days to process the claim for timely filing. At the time of the denial received on 09/08/2023 our bill was within the timely filing limits. Please waive timely filing and MANUALLY review this claim as a reconsideration."

Amount in Dispute: \$972.38

Respondent's Position

"...Ambulatory Surgery Center bills for Texas jurisdiction claims must be submitted on the CMS 1500 form. Both bills were returned to the provider as they were not complete bills since they were on the wrong form. Please see attached Exhibits A and B that document the return of those original bills. The 95-day time frame continues, regardless of a bill (or bills) being returned as Incomplete. For DOS 4/4/2023, the HCP had until 7/8/2023 to submit the corrected, complete bill. The carrier did not receive the corrected, complete bill until 7/15/2023 – as such, the bills were denied for timely filing."

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. [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 claim/bill has expired.
- W3 – Appeal/Reconsideration
- RM2 – Time limit for filing claim has expired.
- XS – Separate Structure.
- Bill comments – Texas jurisdiction claim – Texas Rules apply. HCP has 95 days from the DOS to submit a clean claim. Since HCP submitted on the wrong form initially, that was not a clean claim. Per Rule 133.20(b) A health care provider (HCP) shall not submit a complete medical bill later than the 95th day after the date(s) the service(s) is(are) provided. Per rule 133.20 and section 408.0272 of the Act, your documentation does not meet the criteria for proof of timely filing.

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 408.027 of the Act.

Issues

1. Was the service in dispute rendered out of state?
2. Did the requestor support timely submission of medical claim?

Findings

1. The requestor is a health care provider that rendered the disputed services in the state of Colorado to an injured employee with an existing Texas Workers' Compensation claim. The health care provider was dissatisfied with the insurance carrier's final action and has therefore requested medical fee dispute resolution under 28 TAC §133.307. Because the requestor has sought the administrative remedy outlined in 28 TAC §133.307, the Division concludes that it has jurisdiction to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.

2. The requestor is seeking reimbursement for ambulatory surgical services rendered in April of 2023.

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 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 original claim with a creation date of April 7, 2023, was submitted on UB04 and was faxed to insurance carrier on June 12, 2023.
- The claim was returned to the health care provider on June 16, 2023, as being submitted on the wrong form.
- The claim was re-faxed to the insurance carrier on June 21, 2023, and was re-submitted on UB-04.
- The claim was returned to the health care provider on June 29, 2023, as being submitted on the wrong form.
- Chubb Indemnity denied the disputed service rendered on April 4, 2023, as the time limit for filing a claim/bill has expired. The date reviewed by this Carrier was July 21, 2023. This date is beyond the 95-day claim submission deadline.
- The Requestor faxed the medical bill to the insurance carrier on September 11, 2023, on the correct medical bill, the CMS 1500 claim form.
- The insurance carrier processed the medical bill on September 11, 2023, and denied the charges, due to 95-timely filing deadline not met.

The submission of the medical bill on the correct form submitted on September 11, 2023, is beyond the 95-day claim submission requirements. The DWC finds that payment is therefore not recommended.

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 requester 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

Signature

Medical Fee Dispute Resolution Officer

February 29, 2024

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.texas.gov.