



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Baylor Orthopedic & Spine Hospital

Respondent Name

Ace American Insurance Co

MFDR Tracking Number

M4-24-1472-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

March 6, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|---------------|
| August 5, 2023 | 73721 | \$457.36 | \$0.00 |
| Total | | \$457.36 | \$0.00 |

Requestor's Position

"Please find the enclosed claim that was denied for timely filing, Also please find attached proof that this claim was accepted for processing electronically by Chubb on 08/10/23 and again on 09/19/23."

Amount in Dispute: \$457.36

Respondent's Position

"The Respondent originally received the HCP (Requestor) bill on 11/29/2023 via fax from Scarlet Johnson. Please see Exhibit A attached. The fax date and time, Corvel scan date as well as the HCP's bill date (UB form) all show a bill date of 11/29/23. This was after the 95th day from DOS - which was 11/08/2023. The Respondent subsequently submitted a request for reconsideration... The HCP included a copy of what appears to be a printout of the Claim Notes form their system that purportedly shows proof of timely filing. ...Who accepted for processing? Where is acknowledgement file that a Clearinghouse provides when a file is received and accepted?"

Corvel is the Clearinghouse for Chubb & Son(WC). Chubb’s Payer ID for workers compensation is 20281. The HCP list the Chubb Payer ID as 62170. HCP has failed to submit valid proof of timely filing in accordance with the rules listed above.”

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. [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.
- RM2 – Time limit for filing claim has expired.
- W3 – Appeal/Reconsideration
- 18 – Duplicate claim/service

Issues

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

Findings

The requestor is seeking reimbursement outpatient hospital services rendered in August of 2023. The insurance carrier denied the claim as medical bill submitted past 95 days from 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 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 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;
- (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 insufficient evidence to support the electronic medical bill was submitted and accepted within 95 days of the date of service by the workers' compensation carrier responsible for this claim. Review of the submitted fax transmission indicates a date of November 29, 2023. This date is past 95 days from the date of service August 5, 2023.

DWC finds there is insufficient information to support that an exception described above exists. No payment is 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 additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

| | | |
|-----------|--|----------------|
| _____ | _____ | March 25, 2024 |
| 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, 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.