



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Acadian Ambulance Services

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-14-0896-01

Carrier's Austin Representative Box

Number 54

Fee Dispute Request Received

November 19, 2013

Response Submitted by:

Texas Mutual Insurance Company

REQUESTOR POSITION SUMMARY

"We are receiving a denial...reflecting code 29 'per 133.20 provider shall not submit a medical bill later than the 95th day...Our claim was filed in accordance with Texas Labor Code Section 408.0272(1)(a) the provider submits proof satisfactory to the commissioner that the provider....erroneously filed for reimbursement with (A) an insurer that issues a policy of group accident and health insurance...we request that the claim be reconsidered for processing."

RESPONDENT POSITION SUMMARY

"The following is the carrier's statement with respect to this dispute...ACADIAN AMBULANCE SERVICES submitted a bill to Humana...received an EOB from Humana with a date of 5/24/13 on the Humana EOB...states it learned on 9/4/13 the identity of the correct carrier...submitted its bill within 95 days to Texas Mutual..."

SUMMARY OF REQUEST AND DIVISION ORDER

Disputed Dates of Service	Disputed Service	Disputed Amount	Division Order
May 3, 2013	Ambulance Transport - Ground	\$597.78	\$0.00

AUTHORITY

Texas Labor Code §413.031 (c) In resolving disputes over the amount of payment due for medically necessary services for treatment of the compensable injury, the role of the medical fee dispute resolution program is to adjudicate the payment given the relevant statutory provisions and commissioner rules.

Rule at 28 Texas Administrative Code §133.307 sets out the process for medical fee dispute resolution applicable to requestors, respondents, and the Division.

Claim Adjustment Reason Codes

The insurance carrier reduced payment for the disputed service with the following claim adjustment reason codes:

1. Explanation Of Benefits (EOB) issued September 19, 2013
 - CAC-29 The time limit for filing has expired
 - 731 Per 133.20 provider shall not submit a medical bill later than the 95th day after the date
2. Explanation of Benefits issued October 24, 2013
 - CAC-193 Original payment decision is being maintained
 - CAC-29 The time limit for filing has expired
 - 724 No additional payment after a reconsideration of services
 - 731 Per 133.20 provider shall not submit a medical bill later than the 95th day after
 - 928 HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.

Findings

Acadian, a ground ambulance transport provider, requested payment from Texas Mutual, a workers' compensation carrier, for service provided to a covered injured employee. Texas Mutual denied payment and explained that Acadian did not submit the medical bill for payment within 95 days from the date of the service. In its request for reconsideration, Acadian argued that it qualified for an exception to the 95-day filing deadline and asked Texas Mutual to reconsider payment. Texas Mutual responded and maintained its original denial and added that the documentation provided did not support that Acadian qualified for an exception to the 95-day filing deadline. Acadian was dissatisfied with the outcome of reconsideration and proceeded to file a medical fee dispute to the Division.

Acadian has the burden to prove that the disputed amount is due. The Division's role is to decide whether that burden is met. In this case, Acadian has the burden to: (1) prove that it qualified for an exception to the 95-day filing deadline; and (2) demonstrate that the disputed amount is consistent with the applicable Division reimbursement rule(s).

1. Did Acadian timely submit its medical bill to Texas Mutual for payment?

Health care providers must file a complete medical bill within 95 days from the date of service;¹ however there are exceptions to this 95-day deadline. If an exception is met, the health care provider's deadline to submit a complete medical bill to the correct workers' compensation carrier is tolled up to and including the date that the health care provider is notified that a group accident, group health, HMO (health maintenance organization), or the incorrect workers' compensation carrier was erroneously billed.² The health care provider then has 95 days from the date that it is notified to bill the correction workers' compensation carrier.

Acadian erroneously billed Humana for the services in dispute, and then it billed Texas Mutual within 95-days from the date that it learned of the erroneous billing. Texas Mutual did not dispute these facts and agreed that "ACADIAN AMBULANCE SERVICES submitted its bill within 95 days to Humana, and within 95 days to Texas Mutual." The Division concludes that Texas Mutual did not maintain denial codes CAC-193, CAC-29, and 928 upon review of the documentation provided by Acadian during medical fee dispute.

The parties agree that the services in dispute were timely submitted for payment. The Division concurs and concludes that the medical bill for the disputed service was timely submitted to Texas Mutual.

2. What standard for payment applies to the services in dispute?

The service in dispute is a ground ambulance transport service billed under Healthcare Common Procedure Coding System (HCPCS) service code A0427 and corresponding mileage code A0425. Under the Division's

¹ Texas Labor Code [§ 408.027](#) and 28 Texas Administrative Code [§133.20](#)

² Texas Labor Code [§ 408.0272](#)

general reimbursement Rule at 28 Texas Administrative Code §134.1(e), payment for health care is calculated by applying a fee from an adopted Division rule or by applying a negotiated contract rate. In the absence of an applicable fee calculation or a negotiated contract, the payment is subject to the Division’s general fair and reasonable requirements described in §134.1(f).³

Review of the Division’s fee guidelines finds that there is no fee guideline with an adopted reimbursement methodology for ground ambulance services.⁴ Furthermore, review of the documentation finds no evidence of a negotiated contract. Consequently, the Division’s general fair and reasonable standard of payment applies to the service in dispute.

3. *Did Acadian meet its burden to prove that the amount it seeks is a fair and reasonable payment?*

28 Texas Administrative Code §133.307(c)(2)(O) states that when filing a fee dispute for services paid under the Division’s general fair and reasonable standard, the health care provider shall provide “documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §134.1 of this title . . . when the dispute involves health care for which the Division has not established a maximum allowable reimbursement (MAR) or reimbursement rate, as applicable.”⁵

On August 1, 2018 the Division sent a request to Acadian for information. The request was sent via email delivery to the contact listed on the medical fee dispute form filed by Acadian. The Division asked Acadian to provide documentation that discusses, demonstrates or justifies that the payment amount sought is fair and reasonable. The listed due date was August 14, 2018. Although the contact for Acadian acknowledged the request via email response on August 3, 2018, the requested information was not appended nor was the requested information subsequently provided. For that reason, we base our decision on the information available and conclude that Acadian did not meet its burden to prove that the disputed amount is fair and reasonable rate of payment.

Decision

Acadian did not meet its burden to prove that the amount of payment it seeks from Texas Mutual is fair and reasonable. Consequently, Acadian’s request for reimbursement is denied.

DIVISION ORDER

The undersigned has been delegated authority by the Commissioner of the Division of Workers’ Compensation to sign this official order. For the reasons stated, the amount ordered is \$0.00.

Authorized Signature

_____	_____	September 18, 2018
Signature	Medical Fee Dispute Resolution Director	Date

³ 28 Texas Administrative Code [§134.1](#)
⁴ See [Medical Fee Dispute Decision M4-12-1496-01](#), and [State Office of Administrative Hearings \(SOAH\) Decision 454-15-0681.M4](#)
⁵ 28 Texas Administrative Code [§133.307](#)

RIGHT TO APPEAL

Either party to this medical fee dispute may seek review of this Division decision. To appeal, submit form DWC Form-045M titled ***Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*** found at <https://www.tdi.texas.gov/forms/form20numeric.html>.

Follow the instructions on pages 3 and 4. The request must be received by the division within twenty days of your receipt of this decision. This decision becomes final if the request for review of a this decision is not timely made.

The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

If you have questions about the DWC Form-045M, please call CompConnection at 1-800-252-7031, Option 3 or you may email your question to CompConnection@tdi.texas.gov

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, Option 1.