



# TEXAS DEPARTMENT OF INSURANCE

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

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

Ellis County EMS

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-19-2003-01

**Carrier's Austin Representative Box**

Box 54

**Fee Dispute Request Received**

December 7, 2018

**Response Submitted by:**

Texas Mutual Insurance Co

#### REQUESTOR POSITION SUMMARY

"We received the work comp info on 8-24-18...being in Oklahoma we have 2 yrs to file a claim. Had no idea Texas was 95 days...please reconsider."

#### RESPONDENT POSITION SUMMARY

"The rationale given by the requestor for the late bill is not consistent with the Rule."

#### SUMMARY OF REQUEST AND DIVISION ORDER

Disputed Dates of Service	Disputed Service	Disputed Amount	Division Order
June 14, 2018	Ambulance Transport - Ground	\$976.00	\$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 denied payment for the disputed service based upon untimely submission of the medical bill.

**Findings**

Ellis County EMS, a ground ambulance transport provider, requested payment from Texas Mutual Insurance Co (TMIC), a workers’ compensation carrier, for service provided to a covered injured employee. The carrier denied payment and explained that the ground ambulance provider did not submit the medical bill for payment within 95 days from the date of the service as required. The provider asked for reconsideration; however, TMIC maintained its denial.

Both Ellis County EMS and Texas Mutual agree that the initial medical bill for the service in dispute was not filed within the 95-day deadline. In the following discussion, the division considers whether any exceptions to the 95-day deadline may be applied to the service in dispute.

*1. Did Ellis County EMS waive its right to reimbursement?*

Health care providers shall file a complete medical bill not later than 95 days after the date of service. Pursuant to Texas Labor Code §408.027 and 28 Texas Administrative Code §133.20 a health care provider waives reimbursement if it does not comply with this 95-day deadline.

There are exceptions to this 95-day deadline. According to Texas Labor Code §408.0272, if a health care provider erroneously bills a group accident, group health, HMO (health maintenance organization) or an incorrect workers’ compensation carrier, 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 of the correct workers’ compensation carrier.

Review of the information provided by Ellis County EMS finds no evidence to support that any of the exceptions to the 95-day deadline were met. Specifically, there was no proof submitted that Ellis County EMS erroneously billed a group accident, group health, HMO (health maintenance organization) or an incorrect workers’ compensation carrier before filing its bill to TMIC.

The division concludes that Ellis County EMS did not qualify for an exception to the 95-day filing deadline. The denial for untimely filing is supported.

**Decision**

Ellis County EMS failed to meet its burden to prove that it timely billed the services in dispute. Consequently, Ellis County EMS has waived its right to reimbursement pursuant to Texas Labor Code §408.027. Ellis County EMS request for reimbursement is therefore denied.

***DIVISION ORDER***

The undersigned has been delegated authority by the Commissioner of the Division of Workers’ Compensation to sign this official order.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Director

\_\_\_\_\_  
April 8, 2019  
Date

## ***RIGHT TO APPEAL***

Either party to this medical fee dispute may seek review of this 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 a request for review / appeal 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](mailto:CompConnection@tdi.texas.gov)

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