



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

ACADIAN AMBULANCE SERVICES

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-20-2533-01

Carrier's Representative Box #

54

MDR Received Date

June 19, 2020

Response Submitted by:

Texas Mutual Insurance Company

REQUESTOR'S POSITION SUMMARY

"Acadian Ambulance filed with State Farm on November 5, 2019 as a Liability claim. Workers Compensation Insurance information was not relayed nor information from the patient that this was a work incident therefore the automobile liability Insurance was received and filed. The Workers Compensation billing information was received from State Farm on April 15, 2020 when Acadian Ambulance called State Farm for an update on the payment status for this claim. Acadian Ambulance contacted Texas Mutual to verify the billing information and the claim number given by State Farm on April 15, 2020. The HCFA and Medical Records were printed and mailed to Texas Mutual on April 16, 2020, 1 day after receiving the correct billing information... We request that this claim be reconsidered for processing in accordance with Texas Rule 408.0272. We have attached a copy of the EOB from Texas Mutual along with a copy of our Initial HCFA and Medical Records mailed to Texas Mutual with a time stamp on the bottom right of the HCFA and also on the Medical Records."

RESPONDENT'S POSITION SUMMARY

"Texas Mutual on 4/20/20 received the bill from ACADIAN AMBULANCE OF TEXAS LLC... On appeal the provider submitted a letter of appeal explaining they billed the liability insurance. The provider did not submit a copy of the bill sent to the liability carrier, and/or erroneous letter from the liability carrier to support proof of timely filing exceptions. DWC60 packet received. same letter of appeal, provider did not send documentation to support proof of timely filing. The provider gas not fully complied with Rule 133.20 and Labor Code 408.0272."

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
October 4, 2019	A0427 and A0425	\$576.13	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code (TLC) §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of Benefits (EOB) issued April 29, 2020

- CAC-P5 – Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement
- 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
- 926 – HCP must submit documentation to support exception to timely filing of bill (408.0272), notification of erroneous submission not included

Explanation of Benefits issued May 20, 2020

- CAC-W3 – This bill has been identified as a request for reconsideration or appeal
- CAC-193 – Original payment decision is being maintained
- CAC-P5 – Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement
- 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
- 926 – 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 insurance 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.

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; 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. The health care provider then has 95 days from the date that it is notified to bill the correct workers' compensation carrier.

Acadian asserts it erroneously billed State Farm on November 5, 2019 as a Liability claim for the services in dispute. On April 15, 2020, Acadian called State Farm for an update on the medical bill and was notified by the State Farm that the transport was for a work-related injury. Acadian then contacted Texas Mutual on April 15, 2020 to verify claim information and then billed Texas Mutual on April 16, 2020.

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.” TLC §408.0272(b) provides that: Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(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; or

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

The DWC finds that the requestor did not submit satisfactory proof that the provider billed State Farm on November 5, 2019 and met any of the exceptions described in TLC §408.027. For that reason, the health care provider 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 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.”

TLC §408.0272(c) states that: Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim.

Review of the submitted information finds no documentation to support that the health care provider submitted the medical bill within the 95th day after the date the services were provided. Moreover, no documentation was found to support that the health care provider submitted the bill within 95 days after the date the provider was notified of the provider's erroneous submission of the claim. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

Decision

Acadian submitted insufficient documentation to prove that the provider met its burden that the medical bill was submitted to the workers compensation insurance carrier within 95-days after the date of services were provided or within 95 days after they were notified this was a workers compensation claim. Consequently, Acadian's request for reimbursement is denied.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC §413.031, the DWC has determined that the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 9, 2020
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 TAC §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** form **DWC045M** in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed, or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 512-804-4812.