



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

CAROLS AMBULANCE INC

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-20-2767-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

July 20, 2020

Response Submitted by:

Texas Mutual Insurance Company

REQUESTOR'S POSITION SUMMARY

"The claim was denied because of time limit for filing has expired. The claim was originally faxed over on 02/01/2019 and mailed on 04/23/2020. Attached you will find a copy of the fax Transmission Verification Report that shows the claim was sent within the filing time limit. The claim was sent over with the ambulance run report being a total of 9 pages. Please review and process for payment."

RESPONDENT'S POSITION SUMMARY

"One year from disputed date 12/6/2018 is 12/6/2019. The TDI/DWC date stamp lists the received date as 07/20/2020 on the requestor's DWC-60 packet, a date greater than one year from 12/6/2018. The requestor has waived its right to DWCMR. No payment is due."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 6, 2018	A0428, A0425 and A0382	\$19,915.00	\$0.00

FINDINGS AND DECISION

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

Background

- 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:

Explanation of Benefit

- A14 – AMB REIMB. IS BASED ON THE 28 TAC 134.203 AND TRAVIS CTY. COURT D-1-Gr-15-004940 FINAL JUDGMENT HOLDING NO PYMTS > 125% OF MEDICARE ARE DUE
- CAC-P5 – BASED ON PAYER REASONABLE AND CUSTOMARY FEES. NO MAXIMUM ALLOWABLE DEFINED BY LEGISLATED FEE ARRANGEMENT.
- CAC-138 – APPEAL PROCEDURES NOT FOLLOWED OR TIME LIMITS NOT MET.
- CAC-193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

- CAC-29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- DC4 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.
- CAC W3 & 350 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL. PER 133.20(8) PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE OF SERVICE.
- 731 – RULE 133.250(6) • HEALTH CARE PROVIDER SHALL SUBMIT THE REQUEST FO OF SERVICE.
- 928 – HCP MUST SUBMIT DOCUMENTATION TO SUPPORT EXCEPTION TO TIMELY FILING OF BILL (408.0272). NOTIFICATION OF ERRONEOUS SUBMISSION NOT INCLUDED.

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. The requestor seeks reimbursement for medical services rendered on December 6, 2018. 28 TAC §133.307(c) (1) states in pertinent part, “Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.”

The date of the services in dispute is December 6, 2018. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on July 20, 2020. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307(c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division’s MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	July 31, 2020 Date
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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 Division within **twenty** days of your receipt of this decision. 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. The party seeking review of the MFDR 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 Division. **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 ésta correspondencia, favor de llamar a 512-804-4812.