



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 OF TX

Respondent Name

SOMPO AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-20-2867-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 4, 2020

Response Submitted by:

Flahive, Ogden & Latson

REQUESTOR'S POSITION SUMMARY

"For emergency ground transportation services in the County of Bexar ambulance services are billed at set rates per the Contractual Agreement with AASI and the respective County/Parish/City. The Labor Code rule 28 TAC §134 does not specifically established reimbursement rates for Ground Ambulance transportation, as such the appropriate reimbursement rate would then fall to the fair and reasonable guidelines put forth within the same rule. AASI contends that the Contractual Agreement in place between the Provider and the County at the time services were rendered meets the fair and reasonable guidelines for reimbursement of services rendered... At this time Acadian Ambulance requests that our claim, be reviewed and reprocessed for additional payment equal to the total charges billed to Gallagher Bassett."

RESPONDENT'S POSITION SUMMARY

"The provider should either withdraw its request for Medical Fee Dispute Resolution or the Division should dismiss it on the basis that the provider failed to file a request for Medical Fee Dispute Resolution no later than one year after the date of service. See Division rule 133.307(c)(1)(A). The provider filed its DWC-60 with the Division almost 15 months following the date of service."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 9, 2019	A0427 and A0425	\$786.67	\$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.

Issues

- Did the requestor waive the right to medical fee dispute resolution?

Findings

Acadian, a ground ambulance transport provider, requested payment from Somo American Insurance Company, a workers' compensation insurance carrier, for services provided to a covered injured employee. Somo American Insurance Company denied payment and explained that Acadian did not submit the medical bill for payment within 95 days from the date of the service. Acadian was dissatisfied with the outcome of reconsideration and proceeded to file a medical fee dispute to the Division.

- 1. The requestor seeks reimbursement for medical services rendered on May 9, 2019. 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 service in dispute is May 9, 2019. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on August 4, 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 and therefore, the dispute is not eligible for review of the denial reason(s) raised by the insurance carrier during the medical bill review process.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that the dispute is eligible for review. 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

August 26, 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 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.