

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**  
ACADIAN AMBULANCE SERVICES

**Respondent Name**  
TEXAS MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**  
M4-22-2135-01

**Carrier's Austin Representative**  
Box Number 54

**DWC Date Received**  
March 27, 2022

#### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 16, 2021	A0427 and A0425	\$716.89	\$0.00
<b>Total</b>		\$716.89	\$0.00

#### Requestor's Position

"For emergency ground transportation services in the County of Bastrop ambulance services are billed at set rates per the Contractual Agreement with AASI and the respective County. 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/Parish/City at the time services were rendered meets the fair and reasonable guidelines for reimbursement of services rendered."

**Amount in Dispute:** \$716.89

#### Respondent's Position

"The air ambulance companies received 125% of Medicare payments in the Texas workers' compensation system for over a decade and this shows that air ambulance services are sustainable overall... The air ambulance operators asserted in their filings at DWC that they needed to be paid their full billed charges for transporting injured workers in order to offset lower payments from Medicare, Medicaid and the uninsured. However, their financial data shows their Texas operations have been consistently profitable without being paid full billed charges for transporting injured workers, despite lower payment from other patient groups. Further, nothing in the Workers' Compensation Act authorizes the Division of Workers' Compensation to order additional payment in order to cross-subsidize services to patients who are not covered by the Act."

**Response Submitted by:** Texas Mutual Insurance Company

## Findings and Decision

### Authority

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

### Statutes and Rules

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
3. 28 TAC §102.4 sets out the rules for non-Commission communications.
4. TLC §408.027 sets out the rules for timely submission of claims by health care providers.
5. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

### Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- A14 - AMB REIMB. IS BASED ON THE 28 TAC 134.203 AND TRAVIS CTY. COURT D-1-GN - 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-29 - THE TIME LIMIT FOR FILING HAS EXPIRED.
- CAC-97 - THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- 217 - THE VALUE OF THIS PROCEDURE IS INCLUDED IN THE VALUE OF ANOTHER PROCEDURE PERFORMED ON THIS DATE.
- 731 - PER 133.20(8) PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE.
- 928 – HCP MUST SUBMIT DOCUMENTATION TO SUPPORT EXCEPTION TO TIMELY FILING OF BILL (408.0272). NOTIFICATION OF ERRONEOUS SUBMISSION NOT INCLUDED.

### Issues

1. What are the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

### Findings

1. The requestor seeks reimbursement for the HCPCS codes A0427 and A0425. Rendered on August 16, 2021. 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.
2. 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."

The DWC finds that insufficient documentation was submitted to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute 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, in pertinent part, 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."

28 TAC §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

Review of the submitted information finds insufficient documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to TLC §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The DWC finds the requester has established that no reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	<u>September 12, 2022</u>
Signature	Medical Fee Dispute Resolution Officer	Date

### **Your Right to Appeal**

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

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

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).