

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ACADIAN AMBULANCE
SVC OF TEXAS

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-23-2025-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

April 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 14, 2021	Code A0429 and A0425	\$655.71	\$0.00
Total		\$655.71	\$0.00

"Please process the attached for payment consideration."

Amount in Dispute: \$655.74

Respondent's Position

"One year from disputed date of service 6/14/2021 would have been 6/14/2022. The TDI/DWC date stamp lists the received date as 4/13/2023 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR."

Response Submitted by: Texas Mutual Workers Compensation Insurance

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 §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- A14 – Amb reimb is based on the 28 TAC 134.208 and Travis CTY Court D1- final judgement holding no pymts > 126% of medicare are due
- CAC-P5 – Based on payer reasonable and customary fees, no maximum allowable defined by legislated fee arrangement
- CAC18 – Exact duplicate claim/service
- 224 – Duplicate charge
- Based on payer-reasonable and customary fees, no maximum allowable defined by legislated fee arrangement
- In accordance with TDI-DWC Rule 134.804 this bill has been identified as a request for reconsideration or appeal
- Appeal procedure not followed or time limits not meet
- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- The time limit for filing has expired
- No additional reimbursed allowed after reconsideration for information call (888) 833-5348
- Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service
- Health care provider shall submit the request for reconsideration no later than 10 month from the date of service
- HCP must submit documentation to support exception to timely filing of bill, notification of erroneous submission not included
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Issues

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

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division 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 June 14, 2021. The request for medical fee dispute resolution was received on April 13, 2023. 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 §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute; consequently, the requestor has waived the right to medical fee dispute resolution.

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.

DWC finds that no additional 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



May 11, 2023

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. 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.

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.