



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

ACADIAN AMBULANCE  
SVC OF TEXAS

**Respondent Name**

STANDARD FIRE INSURANCE CO

**MFDR Tracking Number**

M4-23-2443-01

**Carrier's Austin Representative**

Box Number 05

**DWC Date Received**

May 25, 2023

### Summary of Findings

| Dates of Service | Disputed Services     | Amount in Dispute | Amount Due |
|------------------|-----------------------|-------------------|------------|
| July 18, 2019    | Codes A0427 and A0425 | \$580.49          | \$0.00     |
| <b>Total</b>     |                       | \$580.49          | \$0.00     |

"Acadian Ambulance (AASI) transported the patient from the scene of incident on July 18, 2019 referenced above as a result of a call from for an emergency transport to Houston Healthcare Clear Lake. Patient was transported directly to the emergency department for necessary care needed as a result of what has since been reported to AASI as a work related injury."

**Amount in Dispute:** \$580.49

### Respondent's Position

"THIS REQUEST FOR MEDICAL FEE DISPUTE RESOLUTION SHOULD BE DISMISSED AS THE PROVIDER FAILED TO TIMELY FILE THE REQUEST WITHIN ONE YEAR OF THE DATE OF SERVICE AS REQUIRED BY RULE 133.307(c)(1) ... The Provider has waived the right to reimbursement under Rule 133.307 as they did not timely file their Request for Medical Fee Dispute Resolution with the Division within one year of the date of service as required by Rule 133.307(c)(1)."

**Response Submitted by:** Travelers

## 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.

### Denial Reasons

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

- CO – Contractual obligation
- 45 – Charge exceeds your contracted/ legislated fee arrangement
- 18 – Exact duplicate claim/service
- 247 – A payment or denial has already been recommended for this service
- 29 – The time limit for filing has expired
- W3 – Bill is a reconsideration or appeal
- 4271 – Per TX Labor code Sec 408.027 provides must submit bills to payors within 95 days of the date of service
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration

### 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 July 18, 2019. The request for medical fee dispute resolution was received on May 25, 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

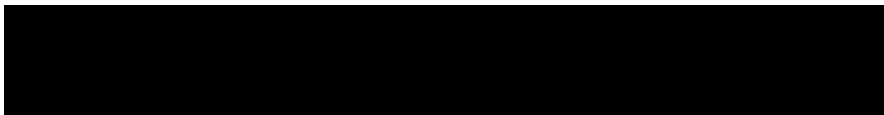
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

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**



June 15, 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](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).