



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

Acadian Ambulance Services

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-18-1349-01

Carrier's Austin Representative Box

Number 19

Fee Dispute Request Received

January 12, 2018

Response Submitted by:

The carrier did not respond

REQUESTOR POSITION SUMMARY

"United Healthcare was billed...on February 14, 2017. The health insurance did not pay or respond to our bill. March 14, 2017 a letter was mailed to the patient's residence...but no response was received...June 14, 2014, Acadian Ambulance contacted the patient's employer...The Workers' Compensation Insurance information was obtained...the address give by the patient's employer for Zurich was P O Box 619507 Dallas, TX 75261...Acadian Ambulance contacted Zurich by telephone...we were informed that the bill should be mailed to P O Box 968023 Schaumburg, IL 60196. Due to the confusion, I personally called Zurich on July 21, 2017 and was informed that the bills for Zurich now need to ALL go to the new address, Zurich PO Box 669471, Chicago IL 60666-0941. Upon reviewing the HCFA, I noticed the Modifier was incorrect at which time it was corrected to reflect 'SH' and printed and mailed the Corrected Claim. Acadian Ambulance has received your Timely Filing Denial...I am requesting an Appeal for Reconsideration due to circumstances mentioned above."

RESPONDENT POSITION SUMMARY

The carrier did not respond

SUMMARY OF REQUEST AND DIVISION ORDER

Disputed Dates of Service	Disputed Service	Disputed Amount	Division Order
January 18, 2017	Ambulance Transport - Ground	\$560.89	\$0.00

AUTHORITY

Texas Labor Code §413.031 (c) In resolving disputes over the amount of payment due for medically necessary services for treatment of the compensable injury, the role of the medical fee dispute resolution program is to adjudicate the payment given the relevant statutory provisions and commissioner rules.

Rule at 28 Texas Administrative Code §133.307 sets out the process for medical fee dispute resolution applicable to requestors, respondents, and the Division.

Claim Adjustment Reason Codes

The insurance carrier reduced payment for the disputed service with the following claim adjustment reason codes:

1. Explanation Of Benefits (EOB) issued August 21, 2017
 - 29 The time limit for filing has expired
2. Explanation of Benefits issued
 - 29 The time limit for filing has expired
 - W3 This bill has been identified as a request for reconsideration

Findings

Acadian, a ground ambulance transport provider, requested payment from Zurich American Insurance Co, a workers' compensation carrier, for service provided to a covered injured employee. Zurich American Insurance Co issued an initial EOB in which it denied payment based upon "29-time limit for filing has expired." In its request for reconsideration, Acadian argued that it qualified for an exception to the 95-day filing deadline and asked Zurich American Insurance Co to reconsider payment. The carrier responded and maintained its original denial. Acadian was dissatisfied with the outcome of reconsideration and proceeded to file a medical fee dispute to the Division.

Acadian has the burden to prove that the disputed amount is due. The Division's role is to decide whether that burden is met. In this case, Acadian has the burden to: (1) prove that it qualified for an exception to the 95-day filing deadline; and (2) demonstrate that the disputed amount is consistent with the applicable Division reimbursement rule(s).

1. Did Acadian timely submit its medical bill to Zurich American Insurance Co for payment?

Health care providers must file a complete medical bill within 95 days from the date of service;¹ however there are exceptions to this 95-day deadline. If an exception is met, the health care provider's deadline to submit a complete medical bill to the correct workers' compensation carrier is tolled up to and including the date that the health care provider is notified that a group accident, group health, HMO (health maintenance organization), or the incorrect workers' compensation carrier was erroneously billed.² The health care provider then has 95 days from the date that it is notified to bill the correct workers' compensation carrier.

Acadian erroneously billed United Healthcare for the services in dispute. On June 14, 2017, Acadian was notified by the employer that the transport was for a work-related injury. After numerous contacts with Zurich, Acadian was finally given a correct address. Acadian then billed Zurich American Insurance Co on July 21, 2017, a total of thirty-seven days after it was originally notified of its erroneous submission to United Healthcare. We find that Acadian billed Zurich American Insurance Co within 95-days from the date that it learned of the erroneous billing.

Zurich American Insurance Co acknowledged that it received a copy of the dispute packet on January 22, 2018. Although the carrier had a duty to respond to this request for medical fee dispute, it did not do so.³

In the absence of any refuting information from Zurich American Insurance Co, the Division finds that Acadian met its burden to prove that it qualified for an exception under Texas Labor code §408.0272 and that it filed the service in dispute within 95-days from the date that it was notified of the initial erroneous billing to the health plan.

2. What standard for payment applies to the services in dispute?

The service in dispute is a ground ambulance transport service billed under Healthcare Common Procedure Coding System (HCPCS) service code A0426 and corresponding mileage code A0425. Under the Division's general reimbursement Rule at 28 Texas Administrative Code §134.1(e), payment for health care is calculated by applying a fee from an adopted Division rule or by applying a negotiated contract rate. In the

¹ Texas Labor Code § 408.027 and 28 Texas Administrative Code [§133.20](#)

² Texas Labor Code § 408.0272

³ 28 Texas Administrative Code [§133.307\(d\)](#)

absence of an applicable fee calculation or a negotiated contract, the payment is subject to the Division's general fair and reasonable requirements described in §134.1(f).⁴

Review of the Division's fee guidelines finds that there is no fee guideline with an adopted reimbursement methodology for ground ambulance services.⁵ Furthermore, review of the documentation finds no evidence of a negotiated contract. Consequently, the Division's general fair and reasonable standard of payment applies to the service in dispute.

3. *Did Acadian meet its burden to prove that the amount it seeks is a fair and reasonable payment?*

28 Texas Administrative Code §133.307(c)(2)(O) states that when filing a fee dispute for services paid under the Division's general fair and reasonable standard, the health care provider shall provide "documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §134.1 of this title . . . when the dispute involves health care for which the Division has not established a maximum allowable reimbursement (MAR) or reimbursement rate, as applicable."⁶

On August 1, 2018 the Division sent a request to Acadian for information. The request was sent via email delivery to the contact listed on the medical fee dispute form filed by Acadian. The Division asked Acadian to provide documentation that discusses, demonstrates or justifies that the payment amount sought is fair and reasonable. The listed due date was August 14, 2018. Although the contact for Acadian acknowledged the request via email response on August 3, 2018, the requested information was not appended nor was the requested information subsequently provided. For that reason, we base our decision on the information available and conclude that Acadian did not meet its burden to prove that the disputed amount is fair and reasonable rate of payment.

Decision

Acadian did not meet its burden to prove that the amount of payment it seeks from Zurich American Insurance Cois fair and reasonable. Consequently, Acadian's request for reimbursement is denied.

DIVISION ORDER

The undersigned has been delegated authority by the Commissioner of the Division of Workers' Compensation to sign this official order. For the reasons stated, the amount ordered is \$0.00.

Authorized Signature


Signature

Martha P. Luévano
Medical Fee Dispute Resolution Director

October 3, 2018
Date

⁴ 28 Texas Administrative Code §134.1

⁵ See Medical Fee Dispute Decision M4-12-1496-01, and State Office of Administrative Hearings (SOAH) Decision 454-15-0681.M4

⁶ 28 Texas Administrative Code §133.307

RIGHT TO APPEAL

Either party to this medical fee dispute may seek review of this Division decision. To appeal, submit form DWC Form-045M titled ***Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*** found at <https://www.tdi.texas.gov/forms/form20numeric.html>.

Follow the instructions on pages 3 and 4. The request must be received by the division within twenty days of your receipt of this decision. This decision becomes final if the request for review of a this decision is not timely made.

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.

If you have questions about the DWC Form-045M, please call CompConnection at 1-800-252-7031, Option 3 or you may email your question to CompConnection@tdi.texas.gov

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, Option 1.