



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Hunters Ambulance Service

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-1236-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

January 30, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 3, 2023	A0425 and A0428	\$1,238.70	\$0.00
Total		\$1,238.70	\$0.00

Requestor's Position

"Texas Mutual denied our claim for not being filed timely, our patient failed to provide adequate insurance information, resulting in 'self-pay' status for months after the claim should have been filed... We should not be penalized for the lack of cooperation from our patient. Please reprocess our claim for reimbursement."

Amount in Dispute: \$1,238.70

Respondent's Position

"Texas Mutual on 10/30/2023 received the bill from HUNTERS AMBULANCE SERVICE INC... The rationale given by the requestor for the late bill is not consistent with the Rule above. Our position is that no payment is due."

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. Texas Labor C §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 City, Court D1GN-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-193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- CAC-29 – The time limit for filing has expired.
- DC4 – No additional reimbursement allowed after reconsideration.
- W3 & 350 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 731 – Per 133.20(b) provider shall not submit a medical bill later than the 95th day after the date the service.
- 928 – HCP must submit documentation to support the exception to timely filing of bill (409.0272). Notification

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Is the insurance carrier's timely filing denial supported?

Findings

1. 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." Insufficient documentation was found to support the fact that any of the exceptions for untimely submission of a claim as 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."

2. The DWC finds insufficient evidence, according to an evaluation of the information presented, to substantiate the claim that the medical bill was submitted within 95 days after the services were provided or that any of the exceptions for untimely submission of a claim from TLC §408.0272 apply. The respondent's denial for timely filing is supported. As a result, \$0.00 is recommended.

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 not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 13, 2024
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, 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.