



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Acadian Ambulance  
Service of Texas

**Respondent Name**

Indemnity Insurance Company of North  
America

**MFDR Tracking Number**

M4-24-2546-01

**Carrier's Austin Representative**

Box Number 15

**Date Received**

July 19, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 13, 2023	A0427	\$255.51	\$0.00
<b>Total</b>		\$ 255.51	\$0.00

### Requestor's Position

"The ALS service of A0427 was paid below Medicare allowed... As supported by the AASI Patient Care Summary and Trip Notes AASI was Dispatched as an emergency and provided the necessary level of service required to safely and successfully transport the patient to Ochsner Medical Complex in Plaquemine, LA for medical care."

**Amount in Dispute:** \$255.51

### Respondents' Position

Downs & Stanford, P.C., the Austin carrier representative for Indemnity Insurance Company of North America, was notified of the medical fee dispute on July 23, 2024. If the division does not receive a response within 14 days after receiving a dispute notification, it may reach a decision based on available information under Rule §133.307(d)(1). As of today, neither the carrier nor its representative has responded. This determination is based on available information pursuant to 28 TAC §133.307(d)(1).

## 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 [\(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 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:

- 3 – Previous gross recommended payment amount online.
- 6 – Reimbursement based on Medicare Ambulance fee schedule.
- 8, 11 – P12 Workers' Compensation jurisdictional fee schedule adjustment.
- 9 – 193 Original payment decision is being maintained.
- 10 – A technical bill review (TBR) has been performed.

### Issues

Has the requestor waived their right to medical fee dispute resolution?

### Findings

The requestor is seeking payment of \$255.51 for medical services rendered on March 13, 2023, and the Division received the medical fee dispute on July 19, 2024.

Per 28 TAC §133.307 (c)(1), the requestor must request medical fee dispute resolution within one year from the date of service, unless a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days after the date the requestor receives the final decision.

On July 19, 2024, the medical fee dispute resolution request was received by the DWC. This date is more than a year after March 13, 2023. DWC found no evidence to support that an exception applied to this date of service.

A review of the documentation finds the disputed service does not involve issues identified 28 TAC §133.307 (c) (1) (B). The DWC finds that the requestor failed to timely submit the disputed date of service within the one year filing deadline, and as a result, 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.

The Division finds the requester has not established that reimbursement is due.

## **Order**

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

## **Authorized Signature**

_____	_____	November 21, 2024
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). The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the DWC Form-045M, 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 the Division. **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).