



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Acadian Ambulance
Service of Texas

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-1382-01

Carrier's Austin Representative

Box Number 54

Date Received

February 20, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 25, 2024	A0428	\$333.99	\$0.00
January 25, 2024	A0425	\$961.48	\$0.00
Total:		\$1,295.47	\$0.00

Requestor's Position

"At this time Acadian Ambulance requests that our claim be reviewed and reprocessed for additional payment equal to 125% of Medicare rate be paid to AASI."

Amount in Dispute: \$1,295.47

Respondent's Position

"One year from disputed date 01/25/2024. The TDI/DWC date stamp lists the received date as 02/20/2025 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 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](#)) [§133.305](#) 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 payment for the disputed services with the following claim adjustment codes:

- A14 - Amb reimb, is based on the 28 TAC 134.203 and Travis CTY Court D-1-ON-15-004840 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-29 – The time limit for filing has expired.
- 731 – Per 133.20 (B) provider shall not submit a medical bill later than the 95th day after the date of service.
- CAC-W3, 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.
- 679 – rule 133.250(8) – Health care provider shall submit the request for reconsideration no later than 10 months from the date of service.

Issues

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

Findings

The requestor seeks payment in the amount of \$1,295.47, for medical services provided on January 25, 2024.

28 TAC §133.307 (c) (1) states in the pertinent part, "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."

The service in question was performed on January 25, 2024. The medical fee dispute was received

by the Division on February 20, 2025. This date is more than a year following the in-question date(s) of service.

28 TAC §133.307 (c) (1) (A) states, "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."

A review of the submitted documentation finds that the disputed service(s) does not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division; 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.

The Division finds the requestor 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

_____	_____	March 14, 2025
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. 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.

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.