



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Frio Canyon EMS, Inc.

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-25-1584-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

March 13, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 2, 2024	A0425	\$30.00	\$0.00
July 2, 2024	A0427	\$800.00	\$0.00
July 2, 2024	J3010	\$8.00	\$0.00
July 2, 2024	J7040	\$19.73	\$0.00
July 2, 2024	A0394	\$132.41	\$0.00
July 2, 2024	A0398	\$288.41	\$0.00
<b>Total</b>		<b>\$1,278.55</b>	<b>\$0.00</b>

### Requester's Position

"At the time of verification of insurance by Frio Canyon EMS billing office, Health Claims Plus (HCP), it was unknown that the claim was a worker's comp claim as no information was indicated on the EMS run report. The HCP verification department worked in good faith to gather any and all information prior to sending claim.

On 10/24/2024, the patient [injured employee] called HCP after receiving a patient statement to information HCP staff that his claim was a worker's comp claim. Once said information was obtained and verified by the HCP verification department on 10/30/2024 the claim was sent via

mail to Texas Mutual Insurance at P.O. Box 12029 Austin, Texas 78711-2029. Were claim was received early November 2024 and processed on 12/03/2024 and denied for timely filing as per Texas Mutual's EOB.

On 12/13/2024 Janette Hosay, the adjuster for this claim, was contacted for claim status as HCP had yet to receive above noted EOB. Ms. Hosay provided the denial information and advised that in light of HCP not having the information the claim was a worker's comp claim until after the timely filing deadline had passed HCP had the option to submit a reconsideration/ appeal from Texas Mutual."

**Amount in Dispute:** \$1,278.55

### **Respondent's Position**

"To resolve this fee reimbursement dispute, Texas Mutual has elected to reprocess the disputed services in accordance with the appropriate Medical Fee Guideline as defined per Texas Administrative Code Rule 134 – Guidelines for Medical Services, Charges and Payment."

**Response Submitted by:** Texas Mutual Insurance Company

### **Findings and Decision**

#### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

#### Statutes and Rules

1. [28 Texas Administrative code \(TAC\) §133.20](#) sets out the procedures for submission of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [The Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
4. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.
5. [28 TAC §141.1](#) sets out the guidelines for dispute resolution—benefit review conference.

#### Denial Reasons

The insurance carrier denied payment for the disputed services with the following claim adjustment codes:

- A14 – Amb reimb. is based on the 28 TAQC 134.203 and Travis Cty. Court D-1-GN-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-29 – The time limit for filing has expired.

- CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 217 – The value of this procedure is included in the value of another procedure performed on this date.
- 731 – Per 133.20(B) providers shall not submit a medical bill later than the 95<sup>th</sup> day after the date of service.
- CAC-P12 – Workers compensation jurisdictional fee schedule adjustment.
- CAC-W3, 350 – In accordance with TDI-DWC Rule 134.804. This bill has been identified as a request for reconsideration or appeal.
- CAC-45 – Charge exceeds fee schedule maximum allowable or contracted/legislated fee arrangement.
- DC3 – Additional reimbursement allowed after reconsideration.
- G30 – Pricing has been calculated according to the Medicare average sales price drug fee schedule guidelines.
- 920 – Reimbursement is being allowed based upon a dispute.

### Issues

1. Did the insurance carrier issue a payment after the submission of the medical fee dispute resolution (MFDR) request?
2. Is the requester entitled to reimbursement for the disputed service(s)?

### Findings

1. The requester is seeking reimbursement in the amount of \$1,278.55 for ambulance services including disposable supplies, saline and an injection, provided on July 2, 2024. The insurance carrier states, "To resolve this fee reimbursement dispute, Texas Mutual has elected to reprocess the disputed services in accordance with the appropriate Medical Fee Guideline as defined per Texas Administrative Code Rule 134 – Guidelines for Medical Services, Charges and Payment."

A review of the payment statement dated March 27, 2025, reveals that Texas Mutual issued a payment totaling \$558.34. This amount includes \$548.56 for the disputed medical services and an additional \$9.78 in interest.

Following this, the Division of Workers' Compensation (DWC) contacted the requester to confirm whether the payment had been received and to determine if the payment, which was made after the submission of the Medical Fee Dispute Resolution (MFDR) request, would resolve the dispute.

The requester responded, confirming receipt of the payment but noted that a corrected claim had been submitted. They explained that the initial claim was inaccurate because it did not account for patient transportation services, necessitating adjustments to the procedure codes. As a result, the requester is seeking a review and payment based on the corrected claim.

Given this information, the DWC will proceed with a review to assess whether the insurance carrier's denial of the claim based on timely filing is supported.

2. The insurance carrier denied the claim, citing untimely submission of the medical bills.

According to 28 Texas Administrative Code (TAC) §133.20(b) and Texas Labor Code (TLC) §408.027(a), medical bills must be submitted no later than 95 days after the date the services are provided. Exceptions to this rule are outlined in TLC §408.0272(b), which allows for late submission if the provider billed:

- An insurer that issued a group accident and health insurance policy under which the injured employee was covered.
- A health maintenance organization that issued evidence of coverage for the injured employee.
- A workers' compensation insurance carrier other than the one liable for payment of benefits; or
- If the commissioner determines that a catastrophic event substantially interferes with the provider's normal business operations.

TLC §408.0272(d) also provides that the submission deadline may be extended by mutual agreement of the parties.

Upon review, the Division of Workers' Compensation (DWC) found insufficient evidence that "new" medical bills were submitted to the insurance carrier within 95 days after the service date. There was also no supporting documentation indicating that the bills qualified for any of the stated exceptions, nor any evidence of an agreement between the parties to extend the filing deadline.

Based on the evidence presented, the requester did not demonstrate timely submission or eligibility under an exception. Therefore, the DWC concludes that the requester is not entitled to reimbursement for the services in dispute.

### Conclusion

The resolution of this medical fee dispute is based on the evidence submitted by both the requester and the respondent. While not every piece of evidence is discussed in detail, all materials were reviewed and considered.

The DWC finds that the requester has not established entitlement to reimbursement.

## Order

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

### Authorized Signature

_____	_____	August 12, 2025
Signature	Medical Fee Dispute Resolution Officer	Date

### Your Right to Appeal

Either party involved in this medical fee dispute has the right to request a review of this decision under 28 TAC §133.307, which applies to disputes filed on or after June 1, 2012.

To initiate a request for review, the party must complete and submit *DWC Form-045M, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*, in accordance with the instructions set forth on the form. This form may be accessed at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html).

The completed request must be submitted to the Texas Department of Insurance, Division of Workers' Compensation (DWC), within twenty (20) days of receipt of this decision. Submissions may be made via facsimile, postal mail, or personal delivery, using the contact information provided on the form or that of the appropriate DWC field office managing the claim. Timely submission is essential to ensure that the request is considered and processed appropriately.

The party requesting a review must also send a copy of the request to all other parties involved in the dispute at the same time as it is submitted to the Division of Workers' Compensation (DWC). The request must also include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required documents listed in [28 TAC §141.1\(d\)](#).

For any inquiries regarding *DWC Form-045M*, please contact CompConnection at 1-800-252-7031 (option 3) or via email at [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).