



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Acadian Ambulance Svc. of Texas

Respondent Name

Employers Mutual Casualty Co.

MFDR Tracking Number

M4-25-1778-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 17, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 11, 2024	A0427	\$634.58	\$0.00
November 11, 2024	A0425	\$100.62	\$0.00
Total		\$735.20	\$0.00

Requestor's Position

"The Labor Code rule 28 TAC §134 does not specifically establish reimbursement rates for Ground Ambulance transportation, as such the appropriate reimbursement rate would then fall to the fair and reasonable guidelines put forth within the same rule."

Amount in Dispute: \$735.20

Respondent's Position

The Austin carrier representative for Employers Mutual Casualty Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on April 8, 2024. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 Medical Fee Dispute Resolution requests.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.
3. [Texas Labor Code §408.0272](#) sets out certain exceptions for the untimely submission of a medical claim.

Denial Reasons

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

- 29 – THE TIME LIMIT FOR FILING CLAIM/BILL HAS EXPIRED.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 44 – PROMPT PAY DISCOUNT.
- W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

Issues

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

Findings

1. The requestor is seeking \$735.20 for ground ambulance services rendered on November 11, 2024. Per the explanation of benefits (EOB) documents submitted, the disputed services were denied reimbursement based on untimely filing of the medical bill.

28 TAC §133.20 which sets out requirements of timely medical bill submission, states in pertinent part "(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied."

Texas Labor Code §408.0272(b) which sets out certain exceptions for untimely submission of a claim, states "(b) Notwithstanding Section [408.027](#), a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section [408.027](#)(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section [408.027](#)(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider."

A review of the documentation submitted finds that the medical bill was first received by the insurance carrier on February 17, 2025, greater than 95 days from the disputed date of service November 11, 2024.

Per documentation submitted, DWC finds that the medical bill in dispute was submitted to the insurance carrier more than 95 days after the disputed date of service of November 11, 2024.

DWC finds no documentation that any of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272, exist in this dispute.

Based on the submitted documentation, DWC finds the requestor is not entitled to reimbursement.

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.

DWC finds the requestor 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:

July 1, 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. 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.tas.gov.