



MEDICAL FEE DISPUTE RESOLUTION ORDER

PART I: GENERAL INFORMATION

Requestor Name and Address: Suburban Emergency Center 12345 Katy Frwy. Houston, TX 77079	MFDR Tracking #: M4-07-0014-01
	DWC Claim #:
	Injured Employee:
Respondent Name: Travelers Property & Casualty Rep. Box # 05	Date of Injury:
	Employer Name: Quest Diagnostics Inc.
	Insurance Carrier: 478CBAAR1404

PART II: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Texas Labor Code 402.00128(b)(7) titled General Powers and Duties of Commissioner authorizes the Commissioner to enter appropriate orders. The Division will resolve medical fee disputes according to Rules 133.305 and 133.307 and other rules.

1. This dispute relates to procedures/services that were billed under CPT codes 99203, 72050-WP and 73030-WP rendered on 9-16-05; 99213 on 9-19-05; and 99212 on 10-5-05 that were denied reimbursement by the insurance carrier based upon “29 – The time limit for filing has expired. Per Texas Labor Code 480.027, bills must be sent to the carrier on a timely basis, within 95days from dates of service.”
2. Rule 102.4(h), titled General Rules for Non-Commission Communication, states “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.”
3. Section 408.027(a) of the Labor Code states, “A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. 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.”
4. The Requestor provided written documentation to the Division supporting that Forms CMS-1500 were submitted timely to the carrier for dates of service 9-19-05 and 10-5-05. Specifically, the Requestor submitted CMS-1500s dated 9-29-05 for date of service 9-19-05; and 10-12-05 for date of service 10-5-05 in Block #31. The DWC-67 instructions for completing the CMS-1500, directs the healthcare provider to notate in block 31 the date the claim is submitted to the carrier. The medical bills are timely submitted.
5. The Requestor provided written documentation to the Division supporting that Form CMS-1500 was submitted untimely to the carrier for date of service 9-16-05. Specifically, the Requestor submitted a CMS-1500 dated 1-31-06 in Block #31. The medical bill dated 9-16-05 is not timely submitted.

This dispute is being forwarded to the Legal and Compliance Division for further investigation.

PART III: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code 402.00128(b)(7)
Texas Labor Code 408.027(a)
28 Texas Administrative Code Sec. §102.4(h)
28 Texas Administrative Code Sec. §133.305
28 Texas Administrative Code Sec. §133.307

PART IV: DIVISION DECISION AND ORDER

The Division hereby orders the Respondent to process the bills dated 9-19-05 and 10-5-05 and issue a new EOB for all services included in the original bills within 21 days of receiving this Order.

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031 and 408.027(a), the Division has determined that the request was not timely filed and the requestor has forfeited the right to reimbursement for date of service 9-16-05.

Decision and Ordered by:

Elizabeth Pickle, RHIA

April 30, 2007

Authorized Signature

Medical Dispute Resolution Officer

Date

PART V: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

For dates of service 9-19-05 and 10-5-05:

If Requestor is dissatisfied with the Respondent's final action on a medical bill, the Requestor may request medical dispute resolution in accordance with Rule 133.305 as long as the request is filed within the appropriate timeframe.

For date of service 9-16-05:

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.