



MEDICAL FEE DISPUTE RESOLUTION DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address Clinics of North Texas 501 Midwestern Pkwy. East Wichita Falls, TX 76302	MFDR Tracking No.: M4-07-0311-01
	DWC Claim No.:
	Injured Employee's Name:
Respondent's Name and Address BOX #: 45 State Office of Risk Management	Date of Injury:
	Employer's Name: State of Texas
	Insurance Carrier's No.: WC2379279

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

Texas Labor Code 413.011(a-d) titled *Reimbursement Policies and Guidelines* and Division Rule 134.202 titled *Medical Fee Guideline*, effective August 1, 2003, sets out reimbursement guidelines. The Division will resolve medical fee disputes according to Rules 133.305, 133.307, 134.801 (c)(2) and other rules.

1. This dispute relates to procedures/services that were billed under CPT codes 29881, 29877, 29875 and 29870 rendered on 10-17-05 that were denied reimbursement by the insurance carrier based upon "29 –Time limit for filing claim/bill has expired; and W4 – No additional payment allowed after review."
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 Respondent submitted a CMS-1500 that indicates carrier received bill on 1-26-06 which is 101 days from the date of service. In addition, the Respondent submitted a CMS-1500 that indicates in Box #31 the date of 1-24-06. 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.
5. The Requestor did not submit convincing evidence to support position that CMS-1500s were submitted timely to the Respondent per Section 408.027(a).

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
28 Texas Administrative Code Sec. §134.801

PART IV: DIVISION DECISION

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.

Decision by:

Elizabeth Pickle, RHIA

April 25, 2007

Authorized Signature

Medical Dispute Resolution Officer

Date

PART V: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

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.

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