



MEDICAL FEE DISPUTE RESOLUTION DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address Robert Urrea, MD 6211 Edgemere, Ste. 1 El Paso, TX 79925	MDR Tracking No.: M4-07-0333-01 <hr/> Claim No.: <hr/> Injured Employee's Name:
Respondent's Name and Address BOX #: 54 Texas Mutual Insurance Co.	Date of Injury: <hr/> Employer's Name: Golf Management Inc. <hr/> Insurance Carrier's No.: 99D0000338703

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 99213 and 99080-73 rendered on 5-1-06 that were denied reimbursement by the insurance carrier based upon "29-The time limit for filing has expired; and 731 – 134.801 & 133.20 provider shall not submit a medical bill later than the 95th day after the date of service, for service on or after 9/1/05."
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 did not submit convincing evidence to support position that CMS-1500s were submitted timely to the Respondent per Section 408.027(a). The Requestor originally submitted the CMS-1500 with CPT code 99214 to the Respondent on 5-18-06. The Respondent denied reimbursement for CPT code 99214 based upon the documentation did not support level of service billed; therefore, the Requestor re-billed the office visit with CPT code 99213. This billing of CPT code 99213 constitutes a new bill. The Requestor noted on this CMS-1500 that it was a corrected claim but dated it 5-18-06, the same is the original. The Division considers that the correct date for this new bill was around 8-11-06, the date of the letter the requestor wrote the carrier appealing the lack of payment.

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. §133.250
28 Texas Administrative Code Sec. §133.305
28 Texas Administrative Code Sec. §133.307

PART IV: DIVISION

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.