



**MEDICAL FEE DISPUTE RESOLUTION DECISION**

**PART I: GENERAL INFORMATION**

Requestor's Name and Address Robert E. Urrea, MD 6211 Edgemere, Ste. 1 El Paso, TX 79925	MFDR Tracking No.:	M4-07-0364-01
	DWC Claim No.:	
	Injured Employee's Name:	
Respondent's Name and Address Texas Mutual Insurance Co. BOX #: 54	Date of Injury:	
	Employer's Name:	Physicians Specialty Hospital
	Insurance Carrier's No.:	99F0000401290

**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 procedure/service that was billed under CPT code 99213 rendered on 10-21-05 that was denied reimbursement by the insurance carrier based upon "731 – 134.801 provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date of service, for services 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 provided written documentation to the Division supporting that Form CMS-1500 was submitted untimely to the carrier. Specifically, the Requestor submitted an EOB dated 2-17-06. The medical bill was not timely submitted.

**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**

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 Requestor is not entitled to reimbursement.

Decision by:

Elizabeth Pickle, RHIA

April 20, 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.**