



MEDICAL FEE DISPUTE RESOLUTION ORDER

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier

Requestor's Name and Address:
Matrix Rehabilitation
2300 Coit Rd., #300
Plano, TX 75075

MFDR Tracking No.: M4-07-0557-01

DWC Claim No.:

Injured Employee's Name:

Respondent's Name:
State Office of Risk Management
Rep. Box # 45

Date of Injury:

Employer's Name: State of Texas

Insurance Carrier's No.: WC2387868

PART II: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part III Reference
9-28-05 9-30-05 10-5-05 10-31-05 11-2-05 11-15-05 11-21-05	97110 97140	1-4
10-7-05 11-28-05	97110	1-4
10-10-05	97110 97115 99070	1-4
10-12-05	97110 97116 97026	1-4
11-4-05 11-7-05	97110 99070	1-4

PART III: 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 97110, 97140, 97115, 99070, 97116 and 97026 that were denied reimbursement by the insurance carrier based upon "29 –The time limit for filing has expired; 054 – Time limit for filing claim/bill has expired; 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 Requestor provided written documentation to the Division supporting that Forms CMS-1500 were submitted timely to the carrier. Specifically, the Requestor submitted a computer log reports and CMS-1500s in accordance with Rule 102.4(h). The medical bills are timely submitted.

PART IV: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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 V: DIVISION DECISION AND ORDER

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

Ordered by:

Elizabeth Pickle, RHIA

April 20, 2007

Authorized Signature

Typed Name

Date of Order

PART VI: 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.