



MEDICAL FEE DISPUTE RESOLUTION DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: City of El Paso EMS 200 S. Alto Mesa El Paso, TX 79912	MDR Tracking No.: M4-07-0656-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name: Ysleta ISD Rep. Box # 11	Date of Injury:
	Employer's Name: Ysleta ISD
	Insurance Carrier's No.: YSLE05000084

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 A0427 and A0425 rendered on 3-31-06 that were denied reimbursement by the insurance carrier based upon "B4 – Late filing penalty; and 5038 – DOS after 09/01/2005 per Labor Code 408.027, a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."
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 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 Respondent provided written documentation an EOB dated 6/7/06 instructing the provider that DWC guidelines required professional fees to be submitted on a CMS-1500 form. The Requestor utilized a "statement of account" to bill for their services. Per Rule 134.800 health care providers shall use CMS-1500 form to submit claim. The Requestor did not support that a CMS-1500s was submitted timely to the carrier. Therefore, the Division determines that the medical bill is 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

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:

Authorized Signature

Elizabeth Pickle, RHIA

Medical Dispute Resolution Officer

April 25, 2007

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.