



MEDICAL FEE DISPUTE RESOLUTION ORDER

PART I: GENERAL INFORMATION

Requestor's Name and Address Southeast Health Services P.O. Box 170336 Dallas, TX 75217	MFDR Tracking No.: M4-07-0685-01 <hr/> Claim No.: <hr/> Injured Employee's Name:
Respondent's Name and Address BOX #: 15 Dallas Area Rapid Transit	Date of Injury: <hr/> Employer's Name: Dallas Area Rapid Transit <hr/> Insurance Carrier's No.: 96751356563612

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 procedures/services that were billed under CPT codes 99213, 97140-59, 97032, 97016, 97039, 97012, E0238-NU, 98941, 97535, 97012, 99080-73, 98940, 97010, 99211, and 97035 rendered from 11-8-05 thru 12-19-05, that were denied reimbursement by the insurance carrier based upon "663-022 – Based on fee schedule guidelines, bills submitted after the 95th day after the date of service are disallowed."

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 was/were submitted timely to the carrier. Specifically, the Requestor submitted a letter dated 12-30-05 from the Respondent for dates of service 11/8/05 thru 11/25/05 instructing the Requestor to return the form and attach the billing. The medical bills are timely submitted.

This dispute is being forwarded to the Legal and Compliance Division for further investigation.

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 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 19, 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.