



MEDICAL FEE DISPUTE RESOLUTION FINDING AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Glenn J. Bricken, Psy.D. 25810 Oak Ridge Dr The Woodlands TX 77380	MFDR Tracking #:	M4-07-0834-01
	Claim #:	
	Injured Employee:	
Respondent Name: OLD REPUBLIC INSURANCE CO Rep. Box #42	Date of Injury:	
	Employer Name:	ALSAY INC
	Insurance Carrier #:	0R03EG00601001

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, 133.307, 134.801 (c)(2) and other rules.

- This dispute relates to procedures/services billed with CPT code 90806, rendered on 10/18/05, 10/25/05, 11/8/05 and 3/1/06, that were denied reimbursement by the insurance carrier based upon “29 – The time limit for filing has expired. Per Texas Labor Code 408.027, bills must be sent to the carrier on a timely basis, within 95 days from dates of service.”
- 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:
 - the date received, if sent by fax, personal delivery or electronic transmission or,
 - 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.”
- 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.”
- The Requestor provided written documentation to the Division supporting that Forms CMS-1500 were submitted timely to the carrier. Specifically, the Requestor submitted CMS-1500's dated 3/14/06 (DOS 3/1/06), 10/31/05 (DOS 10/18/05 and 10/25/05) and 11/16/05 (DOS 11/8/05), in Block #31. 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 medical bills were timely submitted.
- A referral has been made to Legal and Compliance.

PART III: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code 413.011 (a-d)
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
28 Texas Administrative Code Sec. §134.801 (c)(2)

PART IV: DIVISION DECISION

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

Decision by:

James Schneider

4/26/07

Authorized Signature

Medical Dispute Resolution Officer

Date

PART V: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.