Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDING AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Cit of Killeen EMS Billing 101 N. College St Killeen, TX 76541	MFDR Tracking #: M4-07-1425-01 Claim #: Injured Employee:
Respondent Name: INSURANCE CO OF THE STATE OF PA Rep. Box #19	Date of Injury: Employer Name: HALJOHN LTD Insurance Carrier: 7102290840000

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 billed with CPT codes A0427, A0425, A0422, A0382, A0394, A0382, J7030 and J3360 rendered on 3-7-06 that were denied reimbursement by the insurance carrier based upon "29-The time limit for filing has expired" and "18-Duplicate claim/service."

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 did not submit convincing evidence to support the position that CMS-1500(s) were submitted timely to the Respondent per Section 408.027(a). It is the conclusion of Medical Fee Dispute Resolution that reimbursement is not due the Requestor.

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 effective 9/1/05

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:

		4-17-07
Authorized Signature	Medical Fee 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.