



**MEDICAL FEE DISPUTE RESOLUTION ORDER**

**PART I: GENERAL INFORMATION**

Requestor Name and Address: Matrix Rehabilitation Texas P. O. Box 11407—Drawer 1224 Birmingham, Alabama 35246-1224	MFDR Tracking #: M4-07-2067-01
	Claim #:
	Injured Employee:
Respondent Name: TEXAS MUNICIPAL LEAGUE INTERGOVERNMENTAL RISK POOL REP BOX #: 19	Date of Injury:
	Employer Name: City of Frisco
	Insurance Carrier#: T130400100699

**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.

1. This dispute relates to procedures/services billed with CPT code 97110 rendered on 11/21/05 and 11/23/05 that was denied reimbursement by the insurance carrier based upon "054/29—Time Limit for Filing claim/Bill has Expired" and "W1—Workers' Compensation State Fee Schedule Adj" and "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 an electronic detail summary report to support bills were initially submitted on 11/21/05 and 11/24/05 respectively. The medical bills were timely submitted.
5. A referral has been made to Legal and Compliance.

**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  
28 Texas Administrative Code Sec. §134.801 effective 9/1/05

**PART IV: DIVISION ORDER**

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

Ordered by:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Dispute Resolution Officer

04/23/07

\_\_\_\_\_  
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.**