



MEDICAL FEE DISPUTE RESOLUTION DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Gabriel Maislos D.P.M. 7737 SW Freeway #790 Houston, TX 77074	MFDR Tracking #: M4-07-2152-01
	Claim #:
	Injured Employee:
Respondent Name: Harris County Rep. Box # 42	Date of Injury:
	Employer Name: HARRIS COUNTY
	Insurance Carrier:#: HC119696

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 codes 99243-24, 29425-LT-59, 27675-LT-59, 29405-LT-59, 27698-LT-59, 28899-LT-59, 99214, L4360-LT-59, 99213, 29405, 20525-LT-78, rendered on 11/23/05 – 01/26/06 that were denied reimbursement by the insurance carrier with denial codes “29E – The time limit for filing has expired” “D19 – Claim/Service lacks physician/Operative or other supporting documentation, and “W4- No additional reimbursement allowed after review of appeal/reconsideration”.

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. A Referral has been made to Legal and Compliance (use only if no EOB sentence)

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

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 request was not timely filed and the requestor has forfeited the right to reimbursement.

Decision by:

Eileen V. Atkinson

04/26/07

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.