



## MEDICAL FEE DISPUTE RESOLUTION FINDING & DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address: Tejas dba A-Med Home Health 8900 E. F. Lowry Expressway, Suite 104 Texas City, Texas 77591	MFDR Tracking #: M4-07-3165-01
	Claim #:
	Injured Employee:
Respondent Name: Via Metropolitan Transit  Rep. Box # 28	Date of Injury:
	Employer Name: Via Metropolitan Transit
	Insurance Carrier: 9375

### 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 99345, 99349, 97001 and 97110 rendered on 11-22-05 through 01-20-06 that were denied reimbursement by the insurance carrier based upon “the time limit for filing has expired/claim is to be submitted no later than the 95<sup>th</sup> day after the date on which the health care services are provided.”
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 Form(s) CMS-1500 were submitted timely to the carrier. Specifically, the Requestor submitted a CMS-1500 dated 01-03-06 in Block #31 (for dates of service 11-22-05 through 11-28-05) and a CMS-1500 dated 03-10-06 in Block # 31 (for dates of service 01-03-06 through 01-20-06). 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 bill(s) were timely submitted.
5. A referral has been made to Legal and Compliance due to the Respondent being in violation of Rule 134.801.

**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 bill(s) and issue a new EOB for all services included in the original bill(s) within 21 days of receiving this Order.

**Ordered by:**

04-25-07

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