



## MEDICAL FEE DISPUTE RESOLUTION ORDER

### PART I: GENERAL INFORMATION

Requestor Name and Address: South Austin Surgery Center 4207 James Casey, Ste. 203 Austin, TX 78745	MFDR Tracking #: M4-07-3487-01
	DWC Claim #:
	Injured Employee:
Respondent Name: Zurich American Insurance Co. Rep. Box # 19	Date of Injury:
	Employer Name: Zachry Construction Corp.
	Insurance Carrier #: YLLC24568

### 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 and 133.307 and other rules.

1. This dispute relates to procedure/service that was billed under CPT code L8699-SG rendered on 6-8-06 that was denied reimbursement by the insurance carrier based upon “W1 – WC State Fee Schedule Adjustment. Reimbursement for your resubmitted invoice has been considered. No additional monies are being paid at this time; and 17- A healthcare provider shall not submit a medical bill later than the ninety fifth day after the date the services are provided for services provided on or after September 1, 2005, Rule 134.801 Section C” according to Rule 133.250.

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 CMS-1500 was submitted timely to the carrier. Specifically, the Requestor submitted a CMS-1500 dated 7-25-06 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 bill is timely submitted.

This dispute is being forwarded to the Legal and Compliance Division for further investigation.

**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. §133.250  
28 Texas Administrative Code Sec. §133.305  
28 Texas Administrative Code Sec. §133.307

**PART IV: DIVISION ORDER**

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

Ordered by:

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

Elizabeth Pickle, RHIA  
\_\_\_\_\_  
Medical Dispute Resolution Officer

May 1, 2007  
\_\_\_\_\_  
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.**