



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: Allen S. Kent, M.D.,P.A. 800 12 th Avenue # 200 Fort Worth, Texas 76104	MFDR Tracking #: M4-07-3592-01
	DWC Claim #:
	Injured Employee:
Respondent Name: Zurich American Insurance Company Box #: 19	Date of Injury:
	Employer Name: Packaging Corporation of America
	Insurance Carrier #: 002918000077WC01

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: Per the Table of Disputed Services "Employer chg'd carrier from Sedgwich to Gallagher Bassett & our claims...must be processed by a subsequent carrier as timely."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: The Respondent did not submit a position summary to MDR

Principle Documentation: 1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	CPT Code(s) and/or Description	Part V Reference	Amount Due
10-02-06	66322	99080-73	1 - 4 & 7	See Order regarding re-audit of service
10-02-06	F	99213	5 & 6	\$65.58
Total Due:				\$65.58

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Section §413.011(a-d) titled, Reimbursement Policies and Guidelines, and Division Rule 134.202 titled, Medical Fee Guideline effective August 1, 2003, sets out the reimbursement guidelines. 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, 133.20 (b) and other rules.

1. This dispute relates to procedure/service billed with CPT code 99080-73 rendered on 10-02-06 that was denied reimbursement by the insurance carrier based upon "bills submitted after the 95th day of service are disallowed."

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 was/were submitted timely to the carrier. Specifically, the Requestor submitted a CMS 1500 dated 10-09-06 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(s) was/were timely submitted.
5. The Respondent denied the service with denial code “F” (reimbursement has been calculated according to State Fee Schedule Guidelines. The Respondent has not made a payment.
6. Reimbursement is recommended per Rule 134.202(c)(1) in the amount listed above for Tarrant County, Texas.
7. A Legal and Compliance referral is made due to the Respondent denying with an improper denial.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d)
28 Texas Administrative Code Sec. §134.1, §134.202
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. §133.20 effective 5/2/06
28 Texas Administrative Code Sec. §133.305
28 Texas Administrative Code Sec. §133.307

PART VII: DIVISION DECISION AND ORDER

The Division hereby orders the Respondent to process the bill(s) and issue a new EOB for CPT code 99080-73 included in the original bill(s) within 21 days of receiving this Order.

In addition, based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to reimbursement for CPT code 99213. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$65.58 plus accrued interest, due within 30 days of receipt of this Order.

Decision and Order:

Authorized Signature

Medical Fee Dispute Resolution Officer

04-25-07

Date of Order

PART VIII: 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.