



MEDICAL FEE DISPUTE RESOLUTION ORDER

PART I: GENERAL INFORMATION

Requestor Name and Address: Med-Center Emergency Physician, P.A. P O BOX 4590 Dept. 06 Houston, Texas 77210	MFDR Tracking #: M4-07-3719-01
	Claim #:
	Injured Employee:
Respondent Name: Spring ISD Rep. Box # 42	Date of Injury:
	Employer Name: Spring ISD
	Insurance Carrier: SPR11106

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, 133.20 (b) and other rules.

1. This dispute relates to procedure/service billed with CPT code(s) 99284 rendered on 06-21-06 that was denied reimbursement by the insurance carrier based upon "not timely filed."
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 claims filing report. The Requestor submitted the original claim to an incorrect carrier (information provided to Requestor by the injured worker). The medical bill was timely submitted.
5. A referral has been made to Legal and Compliance due to an inappropriate denial by the Respondent.

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. §133.20 effective 5/2/06
- 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(s) and issue a new EOB for all services included in the original bill(s) within 21 days of receiving this Order.

Ordered by:

04-24-07

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.