



MEDICAL FEE DISPUTE RESOLUTION DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: South Texas Radiology Group 8401 Datapoint Drive Suite 600 San Antonio, TX 78229	MFDR Tracking No.:	M4-07-4467-01
	DWC Claim No.:	
	Injured Employee:	
Respondent's Name: State Office Of Risk Management Rep. Box #45	Date of Injury:	
	Employer's Name:	STATE OF TEXAS
	Insurance Carrier's No.:	WC2432151

PART II: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Texas Labor Code 413.011(a-d) titled *Reimbursement Policies and Guidelines* and Division Rule 134.202 titled *Medical Fee Guideline*, effective August 1, 2003, sets out reimbursement guidelines. 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 procedure/service billed with CPT code 71020-26 rendered on 03/23/06 that was denied reimbursement by the insurance carrier based upon "29 – Time limit for filing claim/bill has expired."
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 did not submit convincing evidence to support position that the CMS-1500 was submitted timely to the Respondent per Section 408.027(a). The Requestor originally submitted the CMS-1500 with Diagnosis code 486 to the Respondent on 06/21/06. The Respondent denied the claim initially on 06/30/06. The Requestor changed the Diagnostic code from 486 to 807.09 and submitted the claim to the Respondent, thus submitted a new bill. The Requestor did not submit convincing evidence to support that the new bill with the correct ICD code was submitted timely.

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:

Authorized Signature

Medical Dispute Resolution Officer

04/27/07

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.