



MEDICAL FEE DISPUTE RESOLUTION ORDER

PART I: GENERAL INFORMATION

Requestor Name and Address: South Texas Radiology Group 8401 Datapoint Drive Suite 600 San Antonio, TX 78229	MFDR Tracking #:	M4-07-4516-01
	Claim #:	
	Injured Employee:	
Respondent Name: Argonaut Midwest Insurance Co Rep. Box #17	Date of Injury:	
	Employer Name:	SEWELL AUTOMOTIVE CO
	Insurance Carrier #:	40080477

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 76005-26 (Fluoroscopic guidance), 76005-26-76 (Fluoroscopic guidance), 62311-59 (Injection), 64483-59 (Injection) rendered on 03/24/06 that were 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 provided written documentation to the Division supporting that Forms CMS-1500 were submitted timely to the carrier. Specifically, the Requestor submitted a computer inquiry screen showing that the bills were mailed to the carrier on 06/22/06 and 06/23/06. Additionally, carrier's response includes copies of CMS-1500s submitted by the Requestor dated 06/22/06 and 06/23/06 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 bills were timely submitted.
5. A referral has been made to Legal and Compliance.

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 bills and issue a new EOB for all services included in the original bills within 21 days of receiving this Order.

Ordered by:

4/25/07

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.