**Texas Department of Insurance, Division of Workers' Compensation**
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

# MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

| Requestor's Name and Address: | MFDR Tracking #: M4-07-1828-01 |
|---|---|
| Matrix Rehabilitation Texas<br>P O BOX 11407 Drawer 1224<br>Birmingham, AL 35246-1224 | Inju |
| Respondent Name and Box #:<br>Texas Mutual Insurance Company<br>Rep Box # 54 | Em<br>Insura |

## PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DO

Requestor's Position Summary: Per the Table of Disputed Services "Texas Rule 134.801 does not identify what can be used as proof of timely filing. Our computer print screen showing the original file date which cannot be altered or manipulated was used as proof of timely filing and claims deposit."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought – $210.00
3. CMS 1500s
4. EOBs

## PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "1. Texas Mutual denied the treatment in this dispute due to untimely filing…the requestor had until 02/24/2006 to file their services with the carrier. Texas Mutual did not receive the complete medical bill from the requestor until 06/05/2006, which by that time the filing deadline had lapsed. The requestor does not include verifiable documentation to support its complete medical bill was timely filed with this insurance carrier…it is Texas Mutual's position that the service in dispute was untimely filed."

Principle Documentation: Response to DWC-60

## PART IV: SUMMARY OF FINDINGS

| Eligible Date(s) of Service (DOS) | CPT Code(s) and Calculation(s) | Denial Code(s) | Part V Reference | Amount Ordered |
|---|---|---|---|---|
| 11-21-05 | 97110, 97140 and 97022 | 29/W4/731/891 | 1 - 3 | $00.00 |
| **Total Due:** | | | | $00.00 |

[redacted]

## PART V: REVIEW OF SUMMARY, METHODOLOGY AND 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), 133.200, 133.240 and other rules.

1. This dispute relates to procedures/services billed with CPT Codes 97110, 97140 and 97022 rendered on 11-21-2005 that were denied reimbursement by the insurance carrier based upon denial reason "29" - The time limit for filing has expired, "731" - 134.801 & 133.20 provider shall not submit a medical bill later than the 95th day after the date of service, for service on or after 9/1/05, "891" - the insurance company is reducing or denying payment after reconsideration and "W4" - No additional reimbursement allowed after review of appeal/reconsideration.

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."

1. 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."

3. The Requestor did not submit convincing evidence to support the position that the complete CMS-1500 was submitted timely to the Respondent per Section 408.027(a). Specifically, the Requestor submitted a CMS-1500 dated 07-20-06 in block # 31. (The DWC-67 instructions for completing the CMS-1500 directs the health care provider to note in block 31 the date the claim is submitted to the carrier.) The medical bill was not timely submitted.

## PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code 402.00128(b)(7)
Texas Labor Code 408.027(a)
Texas Labor Code Sec. §413.031 and §413.0311
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)
Subchapter G, Chapter 2001, Texas Government Code
28 Texas Administrative Code Sec. 134.202
28 Texas Administrative Code Sec. 133.20(b)(effective 5/2/06)
28 Texas Administrative Code Sec. 133.2
28 Texas Administrative Code Sec. 133.240

## PART VII: 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:** [redacted]

| Authorized Signature | [redacted]t<br>Medical Fee Dispute Resolution Officer | 4-10-08<br>Date |
|---|---|---|

## PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en espanol acerca de esta correspondencia, favor de llamar a 512-804-4812.**