



MEDICAL FEE DISPUTE RESOLUTION ORDER

PART I: GENERAL INFORMATION

Requestor's Name and Address David V. Dent, DO PA P.O. Box 362 Palestine, TX 75802	MFDR Tracking No.: M5-07-0341-01 <hr/> DWC Claim No.: <hr/> Injured Employee's Name:
Respondent's Name and Address BOX #: 10 Universal Underwriters of TX Ins.	Date of Injury: <hr/> Employer's Name: <hr/> Insurance Carrier's No.:

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 and 133.307 and other rules.

1. This dispute relates to procedures/services that were billed under CPT codes 99244, 95861, 95904, 95904-76, 95903, 95903-76, 95900-59(X4), and 95934 (X2) rendered on 12-6-05 that were denied reimbursement by the insurance carrier based upon "50 – These are non-covered services because this is not deemed a 'Medical Necessity' by the Payer; 283 – Based on a peer review, payment is denied because the treatment(s)/services(s) is medically unreasonable/unnecessary; 200 – Per 134.801, a medical bill shall not be submitted later than the 1st day of the 11th month (<08/31/05) or 95 days(>09/01/05) after DOS; W4 – No additional reimbursement allowed after review of appeal/reconsideration; 850 – No additional reimbursement allowed; and 29 – The time limit for filing 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 an EOB dated 1-17-06 for disputed date of service 12-6-05. The medical bills are timely submitted.

This dispute is being forwarded to the Legal and Compliance Division for further investigation.

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

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:

Authorized Signature

Medical Dispute Resolution Officer

April 19, 2007

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.