



MEDICAL FEE DISPUTE RESOLUTION ORDER

PART I: GENERAL INFORMATION

Requestor Name and Address: North Texas Electrodiagnostics P.O. Box 453062 Garland, TX 75045	MFDR Tracking #: M5-07-0658-01
	DWC Claim #:
	Injured Employee:
Respondent Name: Texas Mutual Insurance Co. Rep. Box # 54	Date of Injury:
	Employer Name:
	Insurance Carrier #:

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. On 4-24-07 the Requestor's representative, Jennifer Davidson, withdrew from the dispute date of service 1-25-06 for CPT code 99212-25 which was denied based upon medical necessity.
2. This dispute relates to procedures/services that were billed under the following CPT codes:
 - 97530-59 (X3) rendered on 1-11-06 that were denied reimbursement by the insurance carrier based upon "62- Payment denied/reduced for absence of, or exceeded, pre-certification/authorization; W4-No additional reimbursement allowed after review of appeal/reconsideration; 891- The insurance company is reducing or denying payment after reconsideration; and 930 – Pre-authorization required, reimbursement denied."
 - 99213-25, 97140-59 (X2), 97035 (X2), 97110 and 97018-59 rendered on 1-23-06 that were denied based upon "W4- No additional reimbursement allowed after review of appeal/reconsideration; 891- The insurance company is reducing or denying payment after reconsideration; and 29-The time limit for filing has expired; and 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."
 - 97110(X3) and 97035 (X2) rendered on 1-27-06 that were denied based upon "29-The time limit for filing has expired; and 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; 16-Claim/service lacks information which is needed for adjudication, additional information is supplied using remittance advice remarks codes whenever appropriate; 225 – The submitted documentation does not support the service being billed, we will re-evaluate this upon receipt of clarifying information; W4-No additional reimbursement allowed after review of appeal/reconsideration; 891- The insurance company is reducing or denying payment after reconsideration; and W1 – Workers Compensation State Fee Schedule Adjustment."
 - 97110(X3) and 97035 (X2) rendered on 2-1-06 and 2-3-06 that were denied based upon "29-The time limit for filing has expired; and 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."
 - 99455-WP-V4 rendered on 2-13-06 that was denied based upon "29-The time limit for filing has expired; and 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."

For Date of Service 1-11-06:

3. Per Rule 134.600 and Commissioner's Bulletin No. B-0072-05 the list for non-emergency health care requiring preauthorization effective 12-1-05 includes physical therapy; therefore, the insurance carrier appropriately denied reimbursement for CPT code 97530-59 based upon lack of preauthorization.

For Date of Service 1-23-06 thru 2-13-06:

4. 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."

5. 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."

6. The Requestor provided written documentation to the Division supporting that Forms CMS-1500 were submitted timely to the carrier. Specifically, the Requestor submitted computer printouts and CMS-1500s dated 2-20-06 in Block #31 for date of service 1-23-06; 2-8-06 for date of service 1-25-06 and 1-27-06; 2-27-06 for date of service 2-1-06 and 2-3-06; and 3-22-06 for date of service 2-13-06 . 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 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. §133.250

28 Texas Administrative Code Sec. §133.305

28 Texas Administrative Code Sec. §133.307

PART IV: DIVISION ORDER

For Date of Service 1-11-06:

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is not entitled to reimbursement for the services involved in this dispute.

For Date of Service 1-23-06 thru 2-13-06:

The Division hereby orders the Respondent to process the bill and issue a new EOB for all services included in the original bill within 21 days of receiving this Order.

Ordered by:

Authorized Signature

Medical Dispute Resolution Officer

May 1, 2007

Date

PART V: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

For Date of Service 1-11-06:

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.

For Date of Service 1-23-06 thru 2-13-06:

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.