



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

RGV PREVENTATIVE CARE INSTITUTE

Respondent Name

SERVICE LLOYDS INSURANCE CO

MFDR Tracking Number

M4-11-4187-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

JULY 14, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our facility is billing global component."

Amount in Dispute: \$730.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "As indicated on the explanation of review, the charges for these services were denied on the basis that the doctor who performed the MRI on January 12, 2011 is not the same doctor that submitted this billing. Per Texas Admin. Rule 133.20(e)(2), 'A medical bill must be submitted ...in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care.' Specifically, Dr. Darryl Stinson is listed as the medical provider on the billing submitted, but the medical reports all state Dr. Allan Kapilivisky. If Dr. Kapilivisky provided services as noted in the medical records, then he should have submitted the billing presently in dispute. If both Dr. Stinson and Dr. Kapilivisky performed services in this matter, then both providers should have submitted billing. The Requestor appears to be claiming Dr. Stinson was in direct supervision which entitles the Requestor to reimbursement. However, the Rule states that a supervisor can submit billing if they were supervision 'an unlicensed individual...' Doctor Kapilivisky appears to be a licensed provider capable of submitting his own billing. Therefore, the 'direct supervision' argument is without merit."

Response Submitted by: Harris & Harris

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 12, 2011	CPT Code 73721	\$730.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 effective March 1, 2008, sets the reimbursement guidelines for the disputed service.

3. 28 Texas Administrative Code §133.20, effective January 29, 2009 sets out requirements for submitting medical bills.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - B20-Srvc partially/fully furnished by another provider.
 - Per Rule 133.20(e)(2) a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care. (ALLAN KAPILIVSKY, MD noted as HCP)

Issues

1. Is the billing in accordance with 28 Texas Administrative Code §133.20? Is the requestor entitled to reimbursement?

Findings

1. The disputed services were denied based upon reason code “B20-Srvc partially/fully furnished by another provider”; and “Per Rule 133.20(e)(2) a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care.”

28 Texas Administrative Code §133.20(e) states “A medical bill must be submitted: (1) for an amount that does not exceed the health care provider’s usual and customary charge for the health care provided in accordance with Labor Code §§413.011 and 415.005; and (2) in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care.”

CPT Code 73721 is defined as “Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material.”

Review of the submitted documentation finds that Dr. Allan Kapilivsky with PCI interpreted the MRI. Dr. Darryl Stinson billed for the technical and professional components of the MRI.

Per 28 Texas Administrative Code §133.20(e), the medical bill must be submitted by the licensed health care provider that provided the health care. Dr. Kapilivsky interpreted the MRI; therefore, he should have billed for the professional component of the MRI. The Division finds that the respondent supported the denial of payment for the services based upon reason code “B20.” As a result, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

05/09/2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **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. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.