



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Nueva Vida Behavioral Health

**Respondent Name**

Transportation Insurance Company

**MFDR Tracking Number**

M4-14-3372-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

July 11, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** From request for reconsideration dated March 25, 2014: "On 2/3/14, Licensed Professional Counselor, Andrea Zuflacht, M.S., L.P.C. (Nueva Vida Behavioral Clinical Director) met with ... treating physician Dr. Anh Pham DC., Leticia Cortez LPC-S., Shawna Carreon, and Erica Contreras BA., to coordinate her plan of care. The NPI is clearing on the claim for the provider which is 1902198492, as well as the billing NPI of 1669565529. ..."

Persuant to the Texas Department of Worker's Compensation Medical Fee Guidelines subchapter C §134.204 *Medical Fee Guideline for Worker's Compensation Specific Services (1) (e)*, we are the referring HCP and we are billing for case management services..."

From request for reconsideration dated April 1, 2014: "On 3/3/14, Licensed Professional Counselor, Andrea Zuflacht, M.S., L.P.C. (Nueva Vida Behavioral Clinical Director) met with ...treating physician Dr. Anh Pham DC., Leticia Cortez LPC-S., Shawna Carreon, and Erica Contreras BA., to coordinate her plan of care. The NPI is clearing on the claim for the provider which is 1407949324, as well as the billing NPI of 1669565529. ..."

Persuant to the Texas Department of Worker's Compensation Medical Fee Guidelines subchapter C §134.204 *Medical Fee Guideline for Worker's Compensation Specific Services (1) (e)*, we are the referring HCP and we are billing for case management services..."

**Amount in Dispute:** \$56.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "...Requestor, Nueva Vida Behavioral Health, is seeking reimbursement for denied services provided ... on 02/03/2014 and 03/03/2014 in the amount of \$56.00 for CPT 99361. The provider is disputing the payment allowance of zero.

After a review by Carrier's URA, Coventry, it has been confirmed that the referring NPI # billed by the provider was not valid, although a referring physician is not required for CPT 99361 if the provider submits this data it must be valid see the citation below. The provider is stating the rendering and billing NPI is on the bill and we would agree with that, however the referring NPI at issue on these 2 bills is not valid. ..."

[continued next page]

1. 28 Texas Administrative Code §133.10 (f)(1)(K) and (L) states:
  - '(f) All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form.
  - (1) The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers' compensable health care:
    - (K) referring provider's state license number (CMS-1500/field 17a) is required when there is a referring doctor listed in CMS-1500/field 17; the billing provider shall enter the "OB" qualifier and the license type, license number, and jurisdiction code...
    - (L) referring provider's National Provider Identifier (NPI) number (CMS-15/field 17b) is required when CMS-1500/field 17 contains the name of a health care provider eligible to receive an NPI number...'

Review of the requestors submitted DWC060, the initial and reconsideration of the medical billing form CMS-1500, Box 17, lists Anh Pham as the referring provider however, Box 17b list the referring provider's NPI number. However, the listed NPI number is invalid.

Per NPI data search  
<http://www.npidata.info/providerssrch.asp>  
 Referring Anh Pham 1760577681 is not valid.

2. Therefore, reimbursement is not owed.

**Conclusion**

Carrier is standing on the denial based on the invalid information submitted by the provider and respectfully requests an order of no reimbursement. For the reasons stated above, the Division should find that the requestor has not established that reimbursement is due. As a result, the amount ordered should be \$0.00."

**Response Submitted by:** Law Offices of Brian J. Judis, Plaza of the Americas, North Tower, 700 N. Pearl, Ste. 425, Dallas, TX 75201

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 3, 2014 & March 3, 2014	Case Management	\$56.00	\$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**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.10 (f) sets out the procedures for medical billing on a paper bill by a health care provider.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 1 – (206) National Provider Identifier – missing.
  - 3 – (193) Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - Notes: 1 – Referring provider's NPI# is invalid. Please resubmit bill with this information included. (F624)

**Issues**

1. Did the requestor submit a complete bill according to 28 Texas Administrative Code §133.10 (f)?
2. Is the requestor entitled to reimbursement?

**Findings**

1. 28 Texas Administrative Code §133.10 (f)(1) states, "The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers' compensation health care: (L) referring provider's National Provider Identifier (NPI) number (CMS-1500/field 17b) is required when CMS-1500/field 17 contains the name of a health care provider eligible to receive an NPI number." A review of the

submitted documentation indicates that the billing included referring health care provider Anh Pham, DC in CMS-1500/field 17. Therefore, the NPI number for this health care provider is required in CMS-1500/field 17b. NPI #1760577681 is listed on the CMS-1500 in box 17b for both dates of service in question. A search on the NPES – National Plan & Provider Enumeration System found at <https://nppes.cms.hhs.gov> yields no results. Therefore, this is not the correct NPI number for the listed referring provider.

2. 28 Texas Administrative Code §133.10 (f) states, “All information submitted on required paper billing forms must be legible and completed in accordance with this section...” Since the billing submitted was not completed in accordance with this section, the requestor is not entitled to reimbursement for the requested charges.

**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**

	<b>Laurie Garnes</b>	<b>December 29, 2014</b>
Signature	Medical Fee Dispute Resolution Officer	Date

**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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