



# TEXAS DEPARTMENT OF INSURANCE

## Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

AZALEA ORTHOPEDICS

**Respondent Name**

XL INSURANCE AMERICA

**MFDR Tracking Number**

M4-16-1014-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

December 4, 2015

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Jennie Gentry is a **non-licensed** Certified Occupational Therapy Assistant who was working under the direct supervision of a licensed therapist Carol Hinojosa."

**Amount in Dispute:** \$267.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Jennie Gentry has been licensed as an Occupational Therapy Assistant since 08/26/2009 (Exhibit B). As the rendering provider is licensed in Texas, it is Ms. Gentry's name and license number that should be listed in boxes 32 and 24J."

**Response Submitted by:** Corvel Corporation, Third Part Administrator for XL Insurance America Inc.

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 2, 2015	Occupational Therapy	\$267.00	\$0.00

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 sets out the requirements for a complete medical bill.
3. 28 Texas Administrative Code §133.20 sets out the requirements for medical bill submission by the health care provider.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 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. Per report, Jenny Gentry COTA rendered ser.
  - 196 - Non-network provider
  - B20 – Srvc partially/fully furnished by another provider

**Issues**

1. Is the requestor entitled to reimbursement?

**Findings**

The workers’ compensation insurance carrier denied payment for the disputed services based upon its allegation that the rendering provider’s information did not appear on the CMS Form 1500 (02/12). Specifically, the carrier on the explanation of benefits issued states that “Jenny Gentry COTA rendered ser[vices].” Documentation supports that the services in dispute were indeed rendered by “Jennie Gentry COTA” and that the services were provided under the “supervision of Carol Hinojosa, OTR.”

According to 28 Texas Administrative Code §133.10(f)(1)(U) and (V), the **rendering provider’s** information is required to be listed in box 24j, shaded (state license) and un-shaded (NPI) fields. Furthermore, 28 Texas Administrative Code §133.20(d) states, in pertinent part that “The health care provider that provided the health care shall submit its own bill, unless...(2) the health care was provided by an unlicensed individual under the direct supervision of a licensed health care provider, in which case the supervising health care provider shall submit the bill.” Read together these provisions only allow for a supervising provider to be listed in 24j if the rendering provider is not licensed.

Review of the CMS 1500 provided finds that the requestor listed the license and NPI information for Carol Hinojosa, OTR in box 24j based upon its contention that the rendering provider Jennie Gentry COTA is a “non-licensed” provider; however review of the Texas Board of Physical Therapy Examiners at [www.ptot.texas.gov](http://www.ptot.texas.gov) finds that Jennie Gentry is licensed as an “Occupational Therapy Assistant – Regular License.” The license number listed is 210567 and it was issued on August 26, 2009. The requestor’s contention that the rendering provider was unlicensed is therefore unsupported. Consequently, the requestor’s argument that the exception found in §133.20(d)(2) applies is also not supported.

The division concludes that the workers’ compensation insurance carrier’s denial is supported. For that reason, reimbursement cannot be recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that 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	Martha P Luevano Medical Fee Dispute Resolution Manager	January 26, 2016 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, 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 MFDR 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.**