



# 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**

UT HEALTH EAST TEXAS REHAB

**Respondent Name**

STATE OFFICE OF RISK MANAGEMENT

**MFDR Tracking Number**

M4-20-2236-01

**Carrier's Austin Representative**

Box Number 45

**MFDR Date Received**

May 1, 2020

**Response Submitted By:**

SORM

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

"The initial bill denied for missing the physician information. The 1st appeal denied for missing the flowsheet. The 2nd appeal denied for inaccurate information in box 76 on the UB. This bill remains unpaid."

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

"Upon notification of this dispute the Office researched the medical billing received from UT Health which determined that if the requestor will correct box 76 with the correct license number and qualifier as prescribed by 28 TAC 133.10 the Office will process the bill for payment pursuant to the Divisions Rules and payment policies. The requestor may fax the bill directly to me at 512-370-9042.

The Office verified the license in Box 76 of the attending doctor with the Texas Medical Board's license verification and found the license number utilized in Box 76 is his Training license. He was issued a Texas Medical License in 2013 that does not match the license number in Box 76."

#### ***SUMMARY OF DISPUTED SERVICE(S)***

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
July 11, 2019 through July 30, 2019	Outpatient Physical Therapy	\$579.53	\$0.00

#### ***FINDINGS AND DECISION***

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

#### **Background**

- 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
- 28 TAC §133.10 sets out the rules for the required billing forms/formats.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 16 – CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE
  - 252 – AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.
  - B20 – PAYMENT ADJUSTED BECAUSE PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.

**Issue(s)**

1. Did the requestor submit a medical bill in accordance with 28 TAC §133.10?
2. Is the requestor entitled to reimbursement?

**Findings**

1. The requestor seeks reimbursement for outpatient physical therapy services rendered on July 11, 2019 through July 30, 2019. The insurance carrier, in their position summary states, “The Office verified the license in Box 76 of the attending doctor with the Texas Medical Board’s license verification and found the license number utilized in Box 76 is his Training license. He was issued a Texas Medical License in 2013 that does not match the license number in Box 76.” The insurance carrier denied/reduced the disputed service(s) with denial reduction code(s), “16, 252 and B20.”

The requestor states, “The initial bill denied for missing the physician information. The 1st appeal denied for missing the flowsheet. The 2nd appeal denied for inaccurate information in box 76 on the UB. This bill remains unpaid.”

28 TAC §133.10 states in pertinent part, “(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... (2) The following data content or data elements are required for a complete institutional medical bill related to Texas workers' compensation health care... (OO) attending provider's name and identifiers (UB-04/field 76) are required for any services other than nonscheduled transportation services, the billing provider shall report the NPI number for an attending provider eligible for an NPI number and the state license number by entering the 'OB' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX')...”

Review of the medical bill and the Texas Medical Board, supports that the healthcare provider submitted the medical bill with his “physician in training” license, instead of his “physician” license bill with a training license, instead of his physician license. As a result, the DWC concluded that the requestor is not entitled to reimbursement for the disputed services.

2. Review of the submitted documentation finds that the requestor has not established that reimbursement is due for the disputed services, therefore, \$0.00 is recommended.

**Conclusion**

For the reasons stated above, the DWC 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 TLC §413.031, the DWC has determined that the requestor is not entitled to reimbursement for the disputed services.

**Authorized Signature**

		August 28, 2020
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 TAC §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 DWCO45M** in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed, or personally delivered to the DWC 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 DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 TAC §141.1(d).

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