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
HUEBNER, MELBURN

Respondent Name
INDEMNITY INSURANCE CO OF NORTH AMERICA

MFDR Tracking Number
M4-21-0140-01

Carrier's Austin Representative
Box Number 15

MFDR Date Received
September 28, 2020

REQUESTOR'S POSITION SUMMARY

"I have also attached a copy of a W9 as our EIN is correct on our billing."

Amount in Dispute: $800.00

RESPONDENT'S POSITION SUMMARY

"We have been unable to issue payment because the W9 for the provider does not match the billing."

Response Submitted by: Broadspire

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 1, 2020	Examination to Determine Maximum Medical Improvement and Impairment Rating (99456-WP)	$800.00	$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 (DWC).

Background

1. 28 Texas Administrative Code §133.10 sets out the requirements for a complete medical bill.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
   - P12 – Workers' compensation jurisdictional fee schedule adjustment.
   - C49 – We are unable to match your TIN and/or billing provider name with the IRS.
   - D00 – Based on further review, no additional allowance is warranted.

Issues

Is the insurance carrier's reason for denial of payment supported?

Findings

Melburn Huebner, M.D. is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. The insurance carrier denied the disputed examination stating, "We are unable to match your TIN and/or billing provider name with the IRS."

A medical bill for professional services is required to include the **billing provider**'s federal tax ID number in box 25 of the CMS-1500 billing form.[1] The **billing provider name**, address, and telephone number are required in box 33.[2]

The submitted bill indicates that the billing provider's name in box 33 is Melburn K. H. The evidence submitted supporting the federal tax identification number shows that the number listed in box 25 is assigned to another entity.

The DWC concludes that the insurance carrier's denial of payment is supported. No reimbursement is recommended for the disputed service.

Conclusion

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

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

		January 29, 2021
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 Rule §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 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. **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.

[1] 28 TAC §133.10 (f)(1)(X)
[2] 28 TAC §133.10 (f)(1)(CC)