



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

LAKE POINTE ORTHOPAEDICS

**Respondent Name**

TEXAS MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-22-2445-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

July 19, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 11, 2022	73630 and 99080	\$86.00	\$0.00
<b>Total</b>		\$86.00	\$0.00

### Requestor's Position

"Per conversation with Jay on 06/24/2022, the claim reconsideration had denied due to box 31 and 24J not matching. The provider billed is Dr. Acree and the rendering NPI in box 24J of 1730475542 is for Dr. Acree. Please see the attached bill sent on the first submission. The medical records attached are highlighted to show that our provider, Acree, signed off electronically on the chart. Also, you will find attached the form for the CPT code 99080 which was denied."

**Amount in Dispute:** \$86.00

### Respondent's Position

"Elizebeth Bellomy, NP, Texas State License #AP142026 is required to bill under her license and NPI number for services rendered. The medical documentation submitted for this date of service confirms that Elizabeth Bellomy rendered the billed services. Per rule 133.20(d) a licensed provider must submit their own bill. Our position is that no payment is due."

**Response Submitted by:** Texas Mutual Insurance Company

## Findings and Decision

### Authority

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

### Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
3. 28 TAC §133.10, effective April 1, 2014, sets out the health care providers billing procedures for required billing forms and formats.

### Denial Reasons

Neither party submitted copies of EOB's with the DWC060 request/response.

### Issues

Is the Insurance Carrier's denial reason supported?

### Findings

The requestor seeks reimbursement for CPT Codes 73630 and 99080 rendered on April 11, 2022.

The insurance carrier denied the disputed service due to box 24j not completed according to 28 TAC §133.20 (d)(2).

To determine if the requestor is entitled to reimbursement, the DWC reviewed the following rules and Medicare Policies:

- 28 TAC §133.10 (f)(1)(Z) states, 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' compensation health care: (Z) signature of physician or supplier, the degrees or credentials, and the date (CMS-1500/field 31) is required, but the signature may be represented with a notation that the signature is on file and the typed name of the physician or supplier."
- 28 TAC §133.20(d)(2) requires, "The health care provider that provided the health care shall submit its own bill, unless: 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."
- 28 TAC §133.20(e)(2) requires, "A medical bill must be submitted: (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."

The DWC finds that the requestor has not met the requirements set out in 28 TAC §133.20, as a result reimbursement cannot be recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The DWC finds that the requester has not established that reimbursement is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

August 5, 2022  
Date

**Your Right to Appeal**

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).