

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Acuity A Mutual Insurance Co

MFDR Tracking Number

M4-23-1291-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

February 3, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 11, 2022	90837	\$195.00	\$0.00
Total		\$195.00	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR but did submit a copy of their reconsideration that states, "Please review the attached claim(s) which was denied based on "Service partially/fully furnished by another provider." Nueva Vida is submitting this claim in Accordance to Rule133.20. Section D of Subsection 2."

Amount in Dispute: \$195.00

Respondent's Position

"... CorVel maintains the Requestor is not entitled to reimbursement for date of service 8/11/22, CPT Code 90837 in the amount of \$195.00 based on failure to accurately submit medical billing data in accordance with division rules set forth for a licensed provider."

Response submitted by: CorVel

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 billing requirements for professional services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 97A – Provider appeal
- B20 – Svc partially/fully furnished by another provider

Issues

1. Did the requestor support their position statement?

Findings

1. The requestor is seeking reimbursement for professional medical services rendered in August of 2022. The insurance carrier denied the claim based on services furnished in whole or part by another provider.

DWC Rule §133.20(d) states, "The health care provider that provided the health care shall submit its own bill..."

Review of the visit note found the performing individual was Alexis Barreras, LPCA.

The requestor refers to §133.20(e)(2) that states, "a medical bill must be submitted in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual..."

As stated in the requestor's reconsideration Alexis Barreras has a license number of #84668.

The exception that requires the supervising individual to file for an unlicensed health care individual does not apply. The insurance carrier's denial is supported.

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.

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

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 10, 2023

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. 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.

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 electrónico CompConnection@tdi.texas.gov.