



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Dharmendra Kumar, MD

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-24-198101

Carrier's Austin Representative

Box Number 54

DWC Date Received

May 10, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 6, 2024	99214	\$300.00	\$0.00
Total		\$300.00	\$0.00

Requestor's Position

"These bills were faxed timely to the Carrier and denied based on 'rendering provider must bill for services; ...' Our reconsideration explained that the claimant was seen by Elsa Castrejon Garza, PA under the supervision of Dr. Dharmendra Kumar. Dr. Kumar was present and provided supervision to Elsa Castrejon Garza, PA on 02/06/2024."

Amount in Dispute: \$300.00

Respondent's Position

"The bills received and denied with A19 were billed by Dr. Kumar, which is not the rendering provider on the documentation that was received with the bill. Review of documentation submitted supports Elsa Castrejon Garza, PA-C rendered the services, see pages 11 and 17 of the DWC-60 packet. Per rule 133.20(d) The health care provider that provided the health care shall submit its own bill. The NPPES NPI Registry Elsa Castrejon Garza, PA-C is licensed to provide

services... Our position is that no payment is due.”

Response submitted by: Texas Mutual

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 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out the requirements of medical bill submission by health care providers.

Denial Reasons

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

- A19 – Rendering provider must bill for services. Update box 24J and Box 31 of the CMS-1500 to reflect the rendering providers information. Please correct CMS-1500 and submit a request for reconsideration.
- A19 – DWC Rules 133.10, 133.20 & clean claim guide require license type, tax id, NPI & state jurisdiction of licensed HCP who rendered services.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Is the respondent’s denial supported?

Findings

1. The health care provider is seeking reimbursement of professional services rendered in

February of 2024. The insurance carrier denied the claim as the rendering provider must bill for professional services.

DWC Rule 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."

DWC Rule 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 requestor states "... the claimant was seen by Elsa Castrejon Garza, PA under the supervision of Dr. Dharmendra Kumar."

Review of the submitted documentation indicates Elsa Castrejon Garza rendered the disputed service and as a licensed individual the medical bill should have been submitted by her. The insurance carrier's denial is supported. No payment is 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.

DWC finds 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 entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 30, 2024
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.