



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Lewis Urgent Care PLL

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-2054-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

May 22, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 20, 2023	99203-25-SA, 73130-LT, and 12002-F1	\$447.77	\$0.00
Total		\$447.77	\$0.00

Requestor's Position

The requestor did not submit a position summary for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

Amount in Dispute: \$447.77

Respondent's Position

“On 06/30/2023, Texas Mutual received the initial HCFA billing form (attached) with Kevin W. Lewis, DO as the rendering provider in box 31. The documentation (attached) supports that Jessica Garcia, NP rendered the services, therefore, this billing was denied with A19 in accordance with rules 133.10, 133.20 and clean claim guidelines that require the license type, tax ID, NPI, and state jurisdiction of licensed healthcare provider who rendered the services. An EOB (attached) explanation was included that states ‘provider needs to update information to match box 24J and box 31 of the HCFA to reflect the rendering provider's information. Please correct and submit a request for reconsideration.’”

Response Submitted by: Texas Mutual Insurance Company

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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](#)) [§133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §133.20](#) sets out the medical bill submission procedures for health care providers.
4. [28 TAC §133.10](#), effective April 1, 2014, sets out the health care providers billing procedures for required billing forms and formats

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- A19 – Provider needs to update information to match box 24J and box 31 of the HCFA to reflect the rendering provider's information. Please correct 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.
- CAC-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-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- CAC-193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 891 – No additional payment after reconsideration.
- 350 – Bill has been identified as a request for reconsideration.

Issues

1. Is the insurance carrier's denial supported?
2. Is the requestor entitled to reimbursement?

Findings

1. The workers' compensation insurance carrier denied payment for the disputed services based upon its assertion that the rendering provider's information did not appear on the CMS Form 1500. Specifically, the carrier on the explanation of benefits states, "A19 – Provider needs to update information to match box 24J and box 31 of the HCFA to reflect the rendering provider's information. Please correct and submit a request for reconsideration."

The DWC applies the following rules in deciding the outcome of the dispute.

28 TAC §133.10 (f) (1) (U) and (V), the rendering provider's information is required to be listed in box 24j, shaded (state license) and un-shaded (NPI) fields.

28 TAC §133.20 (d) "The health care provider that provided the health care shall submit its own bill, unless... (2) 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), "(e) 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."

Read together these provisions only allow for a supervising provider to be listed in 24j if the rendering provider is not licensed.

A review of the CMS 1500 provided finds that the requestor listed the license and NPI information for Kevin W. Lewis, MD in box 24j. A review of the documentation supports that Jessica Garcia, NP a licensed provider rendered the disputed services. The DWC finds that both Jessica Garcia, NP and Kevin W. Lewis, MD are licensed providers. As a result, Jessica Garcia, NP was required per 28 TAC 133.20 (3)(2) to submit the medical bill in the name and license number of the provider of service.

2. The DWC concludes that the workers' compensation insurance carrier's denial is supported. For that reason, 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 the requestor 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 \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	June 20, 2024
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 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, 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.