



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Athletic Orthopedic & Knee Center

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-2697-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

August 9, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 6, 2023	99214	\$250.00	\$0.00
Total		\$250.00	\$0.00

Requestor's Position

The requestor did not include a position summary with the medical fee dispute resolution request. As a result, the decision is rendered based on the information contained in the dispute at the time of review.

Amount in Dispute: \$250.00

Respondent's Position

"This bill was received and denied A19 as they were billed under Jack Jensen, MD, which is not the rendering provider on the documentation that was received with the bill, appeal and included in the DWC-60 packet ... the rendering provider was Joel Rodriguez, MD. The healthcare provider did not follow rule 133.20(d) resulting in the A19 denial ... Texas Mutual first received a CMS-1500 with billing provider Joel Rodriguez, MD in the DWC-60 packet received on 8/13/24, the receipt of this bill is past the appeal deadline of 10 months. The healthcare provider did not follow rule 133.250(b), the health care provider shall submit the request for reconsideration no later than 10 months from the date of service."

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:

- Note: 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.
- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.

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-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.

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)(2) "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), "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.

The division reviewed the submitted documentation from both parties and finds:

- The requestor submitted the initial bill to the insurance carrier with Dr. Jack Jensen, M.D. as the provider of service, as indicated in box 31 of the CMS-1500 presented by the respondent.
- Joel Rodriguez, M.D., performed and signed the medical documentation presented by the requestor for date of service December 6, 2023.
- The requestor submitted a "corrected" bill to the insurance carrier with Joel Rodriguez, M.D., as the rendering and billing provider, as indicated in the medical documentation and the CMS-1500 provided by the requestor.
- Joel Rodriguez, M.D., is a licensed healthcare provider.
- Per 28 TAC §133.20 (e)(2), the name of the licensed healthcare provider that provides the healthcare or that provided direct supervision of an unlicensed individual who provided the health care, is required in box 31 of the CMS-1500.
- Jack Jensen, M.D.'s name is indicated in box 31 of the CMS-1500 presented by the insurance carrier.
- Jack Jensen, M.D.'s name is indicated in the explanation of benefits presented by the requestor.
- Per 28 TAC §133.20(d)(2) and (e)(2), Dr. Jack Jensen may submit the bill if he provided direct supervision of an unlicensed individual. The medical report does not support that Dr. Jack Jensen provided direct supervision to an unlicensed individual. The medical documentation finds that Dr. Joel Rodriguez a licensed healthcare provider rendered the office visit provided to the injured employee on December 6, 2023.
- The requestor did not include copies of explanation of benefits documenting that the insurance carrier audited a medical bill with Dr. Joel Rodriguez's name in box 31 of the CMS-1500.
- The parties' submitted documentation is contradictory and does not corroborate the claim that Dr. Joel Rodriguez was listed in box 31 of the CMS-1500 on the medical bills submitted to the insurance carrier, prior to the filing of the medical fee dispute resolution request. Rather, the insurance carrier audited the bills with Dr. Jack Jensen listed as the service provider.

The DWC finds that the requirements set out in 28 TAC 133.20 (d)(2) and (e)(2) were not met by the requestor, as a result, reimbursement is not recommended.

2. The DWC concludes that the workers' compensation insurance carrier's denial is supported. For that reason, reimbursement is not 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

Signature

Medical Fee Dispute Resolution Officer

September 27, 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, 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.