

Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Siriuspoint America Insurance Company

MFDR Tracking Number

M4-25-0058-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 9, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 59, 2024	90837	\$220.00	\$0.00
Total		\$220.00	\$0.00

Requestor's Position

"Kelsey O'Maoileidigh, LPC-A, is a Licensed Professional Clinical Associate, license [REDACTED]. Leticia Cortez MA, LPC-S, License# [REDACTED], is her direct supervisor. Please refer to rule above."

Amount in Dispute: \$220.00

Respondents' Position

"The Requestor's initial bill, received by the carrier on 05/31/2024, lists Leticia Cortez, LPC in box 31 of the CMS1500 form as the licensed, rendering provider. Ms. Cortez's license # is listed in box 24J as the Rendering Provider's Non-NPI#. (EXHIBIT A) However, the documentation indicates Kelsey O'Maoileidigh, LPCA is the rendering HCP. As Ms. Barreras is licensed by the state of TX, it is her name that should be listed in box 31, with her license # in box 24J.

Additionally, it should be noted that the Requestor has indicated in their reconsideration request that Kelsey O'Maoileidigh is not licensed, and that Ms. Cortez supervised Ms. O'Maoileidigh. However, Ms. O'Maoileidigh's credentials alone (LPCA) identifies her as licensed. Per the state licensing board, Ms. O'Maoileidigh is licensed as a Professional Counseling Associate. See below."

Response Submitted by: CorVel

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:

- Bill Comments: Per Rule 133.20(e)(2) a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care. KELSEY O'MAOILEIDIGH LPCA RENDERED SERVICES. FOR W/C, THE LPC CAN ONLY BILL FOR SUPERVISING AN "UNLICENSED" HCP. KELSEY O'MAOILEIDIGH LPCA IS LICENSED & MUST BILL OWN SERVICES.
- Note: Per Rule 133.20(e)(2) a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care. KELSEY O'MAOILEIDIGH LPCA RENDERED SERVICES.
- B20 – Svc partially/fully furnished by another provider
- W3 – Appeal/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 service 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, "... FOR W/C, THE LPC CAN ONLY BILL FOR SUPERVISING AN "UNLICENSED" HCP. KELSEY O'MAOILEIDIGH LPCA IS LICENSED & MUST BILL OWN SERVICES."

In deciding the decision outcome, the DWC applies the following rules:

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 the 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 information for Leticia Cortez, LPC-S, LMFT in box 24j. A review of the documentation supports that Kelsey O'Maoileidigh, LPCA rendered the disputed services. The DWC finds that both Leticia Cortez, LPC-S, LMFT, and Kelsey O'Maoileidigh, LPCA, are licensed providers. As a result, Kelsey O'Maoileidigh, LPCA was required per 28 TAC §133.20 (e)(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

Signature

Medical Fee Dispute Resolution Officer

February 4, 2025

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.