



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Omar Palomin, PT

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-0592-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

November 8, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 30, 2024	97110	\$330.84	\$26.77
May 30, 2024	97112	\$82.32	\$9.99
June 3, 2024	97110	\$413.55	\$33.46
June 3, 2024	97112	\$82.32	\$9.99
June 3, 2024	G0283	\$35.19	\$2.70
June 6, 2024	97110	\$330.84	\$0.00
June 6, 2024	G0283	\$35.19	\$0.00
June 13, 2024	97110	\$330.84	\$0.00
June 13, 2024	97112	\$82.32	\$0.00
June 13, 2024	G0283	\$35.19	\$0.00
July 11, 2024	97110	\$330.84	\$8.79
July 11, 2024	G0283	\$35.19	\$2.70
Total		\$2,124.63	\$94.40

Requestor's Position

The requestor did not include a position summary for this review.

Amount in Dispute: \$2,124.63

Respondents' Position

"Dates of services 5/30/2024, 06/03/2024 and 07/11/2024 have been processed for payment, see included explanation of benefits. (Attached)... The requestor submitted appeal bills that were received and denied with A19. The appeals were received with the CQ modifier added, however were denied with A19. The bills received were billed under Omar Palomin, PT, which does not match the rendering provider, Eufrances A Uy, PT, on the documentation that was included with the bills and can be found in the DWC-60 packet on pages 33 and 41. Included with response are the explanation of benefits reflecting the A19 denial. (Attached)."

Response Submitted by: Texas Mutual Insurance Company

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 Medical Fee Dispute Resolution requests.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.
3. [28 TAC §133.10](#) sets out the procedures for required billing forms/formats.

Denial Reasons

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

- 16 – Claim/service lacks information or has submission/billing errors which is needed for adjudication.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 225 – The submitted documentation does not support this service being billed. We will re-evaluate this upon receipt of clarifying information.
- 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.

- 892, 225 – No documentation from provider to review to be consistent with all CPT & ICD-10 codes billed in reference to CPT/AMA guidelines.
- 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.

Issues

1. Did the insurance carrier issue payment after the submission of the request for Medical Fee Dispute Resolution?
2. Did the requestor submit a timely, complete medical bill for the service in dispute?
3. Has the requestor waived their right to medical fee dispute resolution (MFDR)?

Findings

1. The requestor seeks reimbursement for physical therapy services rendered on May 30, 2024, June 3, 2024, June 6, 2024, June 13, 2024, and July 11, 2024.

A review of the medical documents submitted by the insurance carrier indicates that the dates of service—May 30, 2024, June 3, 2024, and July 11, 2024—have been processed for payment. The insurance carrier submitted copies of the explanation of benefits (EOBs) to support the payments issued for these dates of service. The EOBs detail the services rendered and the amounts reimbursed.

DOS	CPT	NO. UNITS BILLED	AMT. BILLED	NO. UNITS PAID	AMT PAID	MAR	AMT DUE
May 30, 2024	97110	4	\$330.84	4	\$151.68	\$44.61 x 4 units = \$178.45	\$26.77
	97112	1	\$82.32	1	\$56.58	\$66.57	\$9.99
June 3, 2024	97110	5	\$413.55	5	\$189.60	\$44.61 x 5 units = \$223.06	\$33.46
	97112	1	\$82.32	1	\$56.58	\$66.57	\$9.99
	G0283	1	\$35.19	1	\$15.27	\$17.97	\$2.70
July 11, 2024	97110	4	\$330.84	4	\$49.35/1 unit \$37.92/3 units \$113.76 Total \$163.11	\$58.06/1 unit \$44.61 x 3 units = \$113.84 Total \$171.90	\$8.79
	G0283	1	\$35.19	1	\$15.27	\$17.97	\$2.70
TOTAL'S		17	\$1,310.25	17	\$648.09	\$742.49	\$94.40

The DWC finds that the requestor is entitled to an additional payment in the amount of \$94.40 for services rendered on May 30, 2024, June 3, 2024, and July 11, 2024.

2. The requestor seeks reimbursement for physical therapy services, billed under CPT codes 97110, and G0283 rendered on June 6, 2024, and CPT codes 97110, 97112, and G0283 rendered on June 13, 2024.

The insurance carrier states in pertinent part, "The bills received were billed under Omar Palomin, PT, which does not match the rendering provider, Eufrances A Uy, PT, on the documentation that was included with the bills and can be found in the DWC-60 packet on pages 33 and 41. Included with response are the explanation of benefits reflecting the A19 denial. (Attached)."

The insurance carrier denied the disputed services with denial reduction 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, and A19 – DWC rules 133.10, 133.20 & clean claim guide require license type, tax id, npi & state jurisdiction of licensed hcp who rendered services.

A review of the documentation finds the medical bills contain Omar Palomin, PT name in box 31 of the CMS1500 for both dates of service, June 6, 2024, and June 13, 2024. A review of the "Daily Note", documents the provider of services, as Eufrances A. Uy, PT for both June 6, 2024, and June 13, 2024.

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. Furthermore, 28 TAC §133.20(d) states, in pertinent part that "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." Read together these provisions only allow for a supervising provider to be listed in 24j if the rendering provider is not licensed.

Review of the CMS 1500 provided indicates that the requester listed the name, license, and NPI information for Omar Palomin, PT, in box 24j and box 31 of the CMS-1500. A review of the medical documentation indicates that the provider of service is identified as Eufrances A. Uy, PT. Both Omar Palomin, PT, and Eufrances A. Uy, PT, are licensed physical therapists.

The division concludes that the denial issued by the workers' compensation insurance carrier is supported. Therefore, reimbursement cannot be recommended for the service dates of June 6, 2024, and June 13, 2024.

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 requestor has established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the respondent must remit to the requestor \$94.40 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature:

_____	_____	<u>April 28, 2025</u>
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.tas.gov.