



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Matthew Edward Lambert, PhD

Respondent Name

ACE American Insurance Company

MFDR Tracking Number

M4-25-0629-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

November 13, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 23, 2024	90791	\$760.00	\$0.00
September 23, 2024	96130	\$265.00	\$0.00
September 23, 2024	96131	\$1,140.00	\$0.00
September 23, 2024	96136	\$90.00	\$0.00
September 23, 2024	96137	\$246.00	\$0.00
Total		\$2,501.00	\$0.00

Requestor's Position

"Please be advised that the claim for services provided on 09/23/2024 in the amount of \$2,501.00 was denied due to a discrepancy with the provider's current Texas License. Per your request and following ga call with ESIS Customer Service on 10/15/2024 at 3:30 p.m. CST, (Call REF#....), the requested documentation with corrected claim is attached."

Supplemental Response dated December 3, 2024: "Please be advised that the claim for services provided on 09/23/2024 was denied again with reaffirmation of the original claim decision. This was despite all issues addressed on the last claim submission... as this examination was completed as part of a designated doctor examination which does not require preauthorization. Since this referral is for additional examination and testing involving a commissioner ordered Designated Doctor Examination, please be aware that per TAC 127.10 – General procedures for Designated Doctor Examinations: (c) *The designated doctor shall perform additional testing when necessary to resolve the issue in question. The designated doctor shall also refer an injured employee to other health care providers when the referral is necessary to resolve the issue in question and the designated doctor is not qualified to fully resolve the issue in question: Any additional testing or referral required for the evaluation is not subject to preauthorization requirements nor shall those services be denied retrospectively based on medical necessity, extent of injury, or compensability in accordance with the Labor Code §408.027 and §413.014, Insurance Code Chapter 1105, or Chapters 10, 19,111, or 114 of this title (relating to Workers' Compensation Health Care Networks, Agents' Licensing, General Medical Provisions, and Benefits-Guidelines for Medical Services, Charges, and Payments, respectively) but is subject to the requirements of §180.24 of this title (relating to Financial Disclosure).*"

Amount in Dispute: \$2,501.00

Respondents' Position

"It has been determined that ESIS Med Bill Impact will stand on the original recommendation of \$0. The referring license number from box 17a still has not been provided."

Supplemental Response: "The review determined that the provider is no due additional money. Attached is a copy of bill review's denial letter, the original EOR and reconsideration EOR."

Response Submitted by: ESIS

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 §133.305](#) sets out the procedures for resolving medical disputes.
4. [28 TAC §133.10](#) sets out the required billing forms/formats.

Denial Reasons

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

- 16 - Claim/ service lacks information or has submission/billing error(s) which is needed for adjudication. (ANSI16)
- 2 - Bill is denied; invalid/ missing healthcare provider license number. Please re-submit with appropriate license number for review. (SR101)
- 3- Bill is denied; invalid/ missing billing provider license number. Please re-submit with appropriate license number for review. (SR105).
- 4 - Bill is denied; invalid/ missing rendering provider license number. Please re-submit with appropriate license number for review. (SR106).
- 193 – Original payment decision is being maintained. This claim was processed properly the first time. (ANSI193).
- 4 – This appeal is denied as we find the original review reflected the appropriate allowance for the service rendered. We find that no additional recommendation is warranted at this time.
- W3 – TDI level 1 appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of his title.

Issues

1. Are the insurance carrier's denial reasons supported?
2. Is the requester entitled to reimbursement for the disputed services?

Findings

1. This dispute pertains to the non-payment of psychological services rendered on September 23, 2024, and billed under CPT codes 90791, 96130, 96131, 96136, and 96137. The requester seeks reimbursement in the amount of \$2,501.00. Using the previously mentioned denial reduction codes, the insurance carrier audited and rejected/denied the disputed services due to invalid/missing information on the medical bill. To resolve this issue, the healthcare provider must submit a corrected bill with all the required information. A review of the medical documentation and 28 TAC §133.10 finds the following:

28 TAC §133.10 (f)(1) states, "The following data content or data elements are required for a complete professional or non-institutional medical bill related to Texas workers' compensation health care:

(K) referring provider's state license number (CMS-1500/field 17a) is required when there is a referring doctor listed in CMS-1500/field 17; the billing provider must enter the 'OB' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX').

A review of the CMS-1500 finds that box 17 contains Walter A. Del Gallo, MD as the referring provider, and field 17(a) was left blank. The insurance carrier's denial reason is supported.

(U) rendering provider's state license number (CMS-1500/field 24j, shaded portion) is required when the rendering provider is not the billing provider listed in CMS-1500/field 33; the billing provider must enter the 'OB' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX') ...

A review of the CMS-1500 finds that the rendering provider indicated in field 31 is Matthew E. Lambert, PhD. A review of field 33 of the CMS-1500 finds the billing provider is also Matthew E. Lambert, PhD. The division finds that this denial reason is not supported.

(EE) billing provider's state license number (CMS-1500/field 33b) is required when the billing provider has a state license number; the billing provider must enter the 'OB' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX').

A review of the CMS-1500 field 33b finds that the requestors' state license number was not provided by the billing provider, Matthew E. Lamber, PhD. The division finds that the insurance carriers denial reason is supported.

28 TAC §133.10 states, "(g) Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier."

The healthcare provider asserts that the requested information was sent to the insurance company for re-processing the claim. A review of the submitted documentation reveals that not all the information necessary by the insurance carrier for auditing a complete medical bill was provided for consideration.

2. The division concludes that the requestor did not fill out the required fields of the CMS-1500 to meet the billing standards outlined in 28 TAC §133.10. For the reasons stated above, the requestor is not entitled to payment for the services in dispute.

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 entitled to reimbursement in the amount of \$0.00.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 10, 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.