TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Louis F. Puig, MD, PA

Respondent Name

Ace American Insurance Company

MFDR Tracking Number

M4-26-1909-01

Insurance Carrier's Austin Representative

BOX 15 Downs Stanford PC

DWC Date Received

March 6, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 12, 2025	99203	$224.74	$0.00
March 12, 2025	99080-73	$15.00	$0.00
March 12, 2025	73610-RT	$76.70	$0.00
March 12, 2025	A6448	$6.70	$0.00
March 12, 2025	A9273	$20.00	$0.00
March 12, 2025	J7040	$1.39	$0.00
March 12, 2025	A6220	$3.02	$0.00
March 12, 2025	A6259	$12.73	$0.00
March 12, 2025	A4320	$6.22	$0.00
March 12, 2025	73564-RT	$100.40	$0.00

March 17, 2025	99213	$182.88	$0.00
	Total	$649.78	$0.00

Requester's Position

"We are asking you to review this appeal that was denied on 5/8/2.025. Per code 133.20(e)(2) states A medical bill must be submitted: in the name of the licensed healthcare provider that provided the healthcare OR that provided direct supervision of an unlicensed individual who provided the health care. Dr. Puig is the Medical Doctor/Delegating provider who oversees All patient's seen at Occupational Medical Care. The DWC 73 reflects this in Box 5a. Attached are all documentation for review and reconsideration".

Amount In Dispute: $649.78

Respondent's Position

"The Requestor's initial bill submission for DOS 03/12/2025 was received by the carrier on 04/08/2025. The accompanying documentation lists the Provider as: Maasoumah Karamimoghadam. Maasoumah Karamimoghadam is ***licensed*** by the state of Texas as a Registered Nurse. As such, box 31 should include her name and box 24J of each line should include her license # and NPI #".

Response Submitted By: CorVel

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section 413.031 and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section 133.307 sets out the procedures for resolving medical fee disputes.
2. TAC Section 133.305 sets out the procedures for resolving medical disputes.
3. 28 TAC Section 133.10 sets out the health care providers required billing forms and formats.
4. 28 TAC Section 133.20 details the procedures for health care providers to submit medical bills.

Adjustment Reasons

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

1. 234 – This procedure is not paid separately.
2. B20 – Services partially/fully furnished by another provider
3. 96 – Non-covered charges.
4. R4 – non-covered procedure per state regulations.
5. W3 – Appeal/Reconsideration
6. RP3 – CMS statutory exclusion/svc state regulations.
7. P14- Payment is included in another svcs/procdre occurring on same day.
8. 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 healthcare. SERVICES PROVIDED BY M. KARAMIMOGHADAM.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester submit a medical bill in accordance with 28 TAC Sections 133.10, and 28 TAC Section 133.20?
3. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement in the amount of $649.78 for services rendered on March 12, 2025, including an office visit, work status report, supplies and dressings, medications/fluids, and imaging (X-rays), as well as an additional office visit provided on March 17, 2025. The workers' compensation insurance carrier denied payment for these services, citing noncompliance with applicable billing requirement.

2. The carrier asserted that the medical bill did not meet the requirements of 28 TAC Section 133.20(e)(2), which mandates that a medical bill be submitted in the name of the licensed health care provider (HCP) who either rendered the services or directly supervised an unlicensed individual who provided the care. The explanation of benefits states: "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 healthcare. Services provided by M. Karamimoghadam".

   Additionally, the carrier denied the claim on the basis that the rendering provider's information was not properly identified on the CMS-1500 claim form. Under 28 TAC Section 133.10(f)(1)(U) and (V), the rendering provider's information must be included in Box 24J, with the state license number in the shaded portion and the National Provider Identifier (NPI) in the unshaded portion.

Further, 28 TAC Section 133.20(d) requires that the health care provider who rendered the services must submit the bill, unless the care was provided by an unlicensed individual under the direct supervision of a licensed provider, in which case the supervising provider may submit the bill.

Similarly, 28 TAC Section 133.20(e)(2) reiterates that a medical bill must be submitted in the name of the licensed provider who rendered the care or supervised an unlicensed individual.

When read together, these provisions permit a supervising provider to be listed as the billing provider only when the rendering provider is unlicensed. A review of the submitted CMS-1500 form indicates that the requester listed the license and NPI information of Louis Puig, MD, as the billing provider.

However, the documentation supports that the services in question were rendered by Maasoumah Karamimoghadam, RN, who is a licensed provider. The Division of Workers' Compensation (DWC) finds that both Louis Puig, MD and Maasoumah Karamimoghadam, RN are licensed health care providers. Therefore, pursuant to 28 TAC Section 133.20(e)(2), the medical bill was required to be submitted under the name and license number of Maasoumah Karamimoghadam, RN, as the rendering provider.

3. DWC finds that the insurance carrier's denial is supported. Accordingly, reimbursement for the disputed services cannot be recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code Sections 413.031 and 413.019, DWC has determined the requester is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	May 29, 2026 Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section 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, please call CompConnection at 800-252-7031, option three 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section 141.1(d).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electronico CompConnection@tdi.texas.gov.