



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

UMC Physician Network

Respondent Name

South Plains School Workers Comp Program

MFDR Tracking Number

M4-16-0376-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

October 13, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Enclosed is the letter of approval from the TX Dept. of Insurance stating approval of the change of treating doctor 'Dr. Robert Joseph Coolbaugh M.D. to Dr. Jason Bradley Lentz, M.D.'"

Amount in Dispute: \$612.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The approval of request to change treating doctor did not occur until 4/24/15... Dr. Coolbaugh was the injured employee's initial choice of treating doctor. Per rule 126.9, any change in treating doctor after the initial choice requires approval from the commission."

Response Submitted by: Starr Comprehensive Solutions, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 8 – 21, 2015	Evaluation & Management, established patient (99213) Work Status Report (99080-73) Injections (J1040, 96372, J1885, 96372-59)	\$612.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §126.9 sets out the procedures for choice of treating doctor.
- Texas Labor Code §408.021 explains entitlement to medical benefits.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 165 – Payment denied/reduced for absence of, or exceeded referral.

- Comments: “The physician is not the workers’ compensation treating doctor or not a referral from the treating doctor. Records support Dr. Robert Coolbaugh, DC as the treating doctor of record. Records reflect the last office visit with Dr. Coolbaugh is 10/01/04.”
- 193 – Original payment decision is being maintained. This claim was processed properly the first time.
- Comments: “DWC-53 was not approved until 4/24/15.”

Issues

Are the insurance carrier’s reasons for denial or reduction of payment supported?

Findings

The insurance carrier denied disputed services with claim adjustment reason code 165 – “Payment denied/reduced for absence of, or exceeded referral.” Texas Labor Code §408.021 (c) states that, “Except in an emergency, all health care must be approved or recommended by the employee’s treating doctor.” Review of the documentation finds that the treating doctor on the dates of service in question was Dr. Robert Joseph Coolbaugh. Submitted documentation does not support that the disputed services were recommended by Dr. Coolbaugh as required by Texas Labor Code §408.021 (c).

In their position statement, the requestor argued that they had a “letter of approval from the TX Dept. of Insurance stating approval of the change of treating doctor ‘Dr. Robert Joseph Coolbaugh M.D. to Dr. Jason Bradley Lentz, M.D.’ 28 Texas Administrative Code §126.9 (a) states, in relevant part, “As of January 1, 1993, any change in treating doctor after the initial choice requires approval from the commission.” Review of the submitted information finds that the approval to change treating doctors from Dr. Coolbaugh to Dr. Jason Bradley Lentz was issued on April 24, 2015, which is after the dates of service in question. The insurance carrier’s denial reason is supported. Additional reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

November 13, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.