



TEXAS DEPARTMENT OF INSURANCE

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

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AMENDED MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

DALLAS TESTING, INC

Respondent Name

TRAVELERS INDEMNITY CO OF AMERICA

MFDR Tracking Number

M4-18-3404-02

Carrier's Austin Representative

Box Number 05

MFDR Date Received

MAY 15, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The above date of service was not paid and has been returned due to reason: 'This provider is not an authorized treater in workers' compensation.' This is incorrect. This provider is an authorized treater in workers' compensation. The treating doctor referred the patient to the provider to have the NCV/EMG performed. Please see attached referral."

Amount in Dispute: \$439.61

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider contends the services in dispute were denied on the basis that 'this provider is not an authorized treater in workers' compensation'. This is incorrect, as a review of the Explanations of Reimbursement will show the Carrier denied reimbursement on the basis of lacking preauthorization and the services not being authorized by the Treating Doctor. As the Claimant had recently gotten approval from the Division to change Treating Doctors, this basis is not being pursued by the Carrier. The Provider, however, is not entitled to reimbursement for the disputed services as they required preauthorization which the Provider failed to obtain prior to the services being rendered, The Provider performed CPT code 95912...The Claimant has a compensable fractured toe. The ODG Treatment Guidelines are silent as to utilization of NCV for treatment of a toe fracture. Rule 134.600(p)(12) states that 'treatments and services which exceed or are not addressed by the commissioner's adopted treatment protocols' require preauthorization."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 29, 2018	CPT Code 95912 Nerve Conduction Studies (11-12)	\$439.61	\$0.00

FINDINGS AND DECISION

This **amended** findings and decision supersedes all previous decisions rendered in this medical payment dispute involving the above requestor and respondent.

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

Background

1. 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.600, effective March 30, 2014, requires preauthorization for specific treatments and services.
4. 28 Texas Administrative Code §137.100, effective January 18, 2007, sets out the use of the treatment guidelines.
5. The services in dispute were reduced/denied by the respondent with the following claim adjustment reason codes:
 - 38-Services not provided or authorized by Designated (Network/Primary Care) Providers.
 - 5762-Services not provided or authorized by designated network providers.
 - TR12-Pre-authorization was not obtained prior to the service/procedure being rendered.
6. Dispute M4-18-3404-01 was originally decided on August 10, 2018 and subsequently withdrawn by the division. As a result of the withdrawal, the dispute was re-docketed at medical fee dispute resolution and is hereby reviewed.

Issues

Is the requestor due reimbursement for CPT code 95912 rendered on January 29, 2018?

Findings

1. According to the explanation of benefits, the respondent denied reimbursement for CPT code 95912 based upon "38-Services not provided or authorized by Designated (Network/Primary Care) Providers," and " 5762-Services not provided or authorized by designated network providers." The respondent wrote, "As the Claimant had recently gotten approval from the Division to change Treating Doctors, this basis is not being pursued by the Carrier." The division finds the respondent did not maintain this denial; therefore, will not be considered further in this decision.
2. The respondent also denied reimbursement for CPT code 95912 based upon "TR12-Pre-authorization was not obtained prior to the service/procedure being rendered." The respondent wrote, "The Provider, however, is not entitled to reimbursement for the disputed services as they required preauthorization which the Provider failed to obtain prior to the services being rendered, The Provider performed CPT code 95912...The Claimant has a compensable fractured toe. The ODG Treatment Guidelines are silent as to utilization of NCV for treatment of a toe fracture. Rule 134.600(p)(12) states that 'treatments and services which exceed or *are not addressed* by the commissioner's adopted treatment protocols' require preauthorization."
3. 28 Texas Administrative Code §134.600(p)(12) requires preauthorization for "treatments and services that exceed or are not addressed by the commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the insurance carrier."
4. According to the Ankle and Foot Chapter of the Official Disability Guidelines (ODG), a nerve conduction study is not listed in the procedure summary, nor is it a recommended treatment for a fractured toe; therefore, the disputed service required preauthorization.

5. There is no evidence submitted, that the requestor obtained preauthorization in accordance with 28 Texas Administrative Code §134.600(p)(12). As a result, a preauthorization issue exists and reimbursement is not 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

Medical Fee Dispute Resolution Officer

Date

2/6/2019

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.