Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
AXIS NEUROMONITORING, LLC

Respondent Name
LIBERTY MUTUAL INSURANCE

MFDR Tracking Number
M4-20-1720-01

Carrier's Austin Representative
Box Number 01

MFDR Date Received
MARCH 11, 2020

REQUESTOR'S POSITION SUMMARY

"Liberty Mutual is denying the charges for procedure codes 95938 and 95938 [sic] stating 'Please resubmit with the appropriate hcpcs/cpt code'. Our office has attempted to appeal these codes twice with Liberty Mutual with documentation showing that the appropriate codes were billed based on the medical records that were submitted to their office."

Disputed Amount: $938.40

RESPONDENT'S POSITION SUMMARY

"CPT Codes 95938-TC and 95939-TC were adjusted for payment based on…payable codes for the diagnosis codes billed by the surgeon…These diagnoses…are listed as covered diagnoses for these cpt codes."

Response Submitted By: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 22, 2019	CPT Code 95938-TC	$505.43	$0.00
	CPT Code 95939-TC	$655.19	$0.00
TOTAL		$1,160.62	$0.00

AUTHORITY

This medical fee dispute is dismissed pursuant to 28 Texas Administrative Code §133.307(f)(3)(C).

Background

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. The services in dispute were reduced / denied by the respondent with the following claim adjustment

reason codes:

- 16-Code description not listed.
- 531-Please re-submit with the appropriate HCPCS/CPT code.
- 193-Code description not listed.
- W3-Additional payment made on appeal/reconsideration.
- 50-Code description not listed
- 5801-Based on the documentation submitted, the procedure performed is not considered medically necessary for patients with the diagnosis given and or the condition for which the patient is being treated.

Issue

Is date of service January 22, 2019 eligible for Medical Fee Dispute Resolution (MFDR) in accordance with 28 TAC §133.307?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of $1,160.62 for CPT codes 95938 and 95939 rendered on January 22, 2019.

2. The respondent denied reimbursement for the disputed services based upon medical necessity; however, this denial was not maintained and payment was issued in accordance with the fee guideline. The DWC concludes a medical necessity issue does not exist in this dispute.

3. 28 TAC §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the DWC's MFDR Section or waive the right to MFDR. The DWC shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

4. The DWC reviewed the submitted documentation and finds:

   - The request for medical dispute resolution was received in MFDR on March 11, 2020.
   - The disputed date of service is January 22, 2019.
   - The disputed services do not involve issues identified in §133.307(c)(1)(B).
   - One year from January 22, 2019 is January 22, 2020.
   - The requestor did not file this dispute with the DWC's MFDR Section within the one year deadline set out in 28 TAC §133.307.

Conclusion

The DWC finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 TAC §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute for those dates have not been addressed.

ORDER

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

Authorized Signature

Signature	Elizabeth Pickle Medical Fee Dispute Resolution Officer	03/26/2020 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, effective May 31, 2012, *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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR 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 DWC. **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.