



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ranil Ninala, MD

**Respondent Name**

Sentry Casualty Co.

**MFDR Tracking Number**

M4-21-2281-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

August 11, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 7, 2021	CPT Code 99205-25	\$0.00	\$0.00
	CPT Code 95909	\$263.64	\$0.00
	CPT Code 95886	\$0.00	\$0.00
<b>Total</b>		\$263.64	\$0.00

### Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

**Amount in Dispute:** \$263.64

### Respondent's Position

"Per the submitted medical records, only 4 nerve conduction studies were done. CPT 95909 is for 5-6 nerve conduction studies. Additional payment was made based on the fee schedule allowable of CPT 95908."

**Response Submitted by:** Sentry

## Findings and Decision

### Authority

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

### Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system\_

### Denial Reasons

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

- 350-Bill has been identified as a request for reconsideration or appeal.
- B14-The documentation submitted does not substantiate the service(s) billed.
- W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- B12-Services not documented in patient's medical records.
- 150-Payer deem the information submitted does not support this level of service.
- N29-Missing documentation/orders/notes/summary/report/chart.

### Issues

1. Is Sentry Casualty Company's denial based on the submitted documentation does not support level of service billed supported?

### Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$263.64 for CPT code 95909 rendered on June 7, 2021.

The respondent denied reimbursement for CPT code 95909 based upon reason codes "B14," "B12," "150," and "N29."

CPT code 95909 is described as nerve conduction studies of 5-6 nerves.

A review of the submitted report supports 4 nerves were studied; therefore, the respondent's denial based upon reason codes "B14," "B12," "150," and "N29" is supported.

## 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.

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

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is [not] entitled to additional reimbursement for the disputed services.

## **Authorized Signature**

_____	_____	<u>09/28/2021</u>
Signature	Medical Fee Dispute Resolution Officer	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](http://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 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto: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](mailto:CompConnection@tdi.texas.gov).