

Texas Department of Insurance
Division of Workers' Compensation



Neuromuscular Testing
Plan-Based Audit

October 11, 2018

Section I: General Statement and Overview

Texas Department of Insurance, Division of Workers' Compensation (DWC) is required by Texas Labor Code §413.002 to "monitor health care providers, insurance carriers, independent review organizations, and workers' compensation claimants who receive medical services to ensure the compliance of those persons with rules adopted by the commissioner relating to health care, including medical policies and fee guidelines." Labor Code §413.0512 allows the Medical Quality Review Panel (MQRP) to recommend to the medical advisor appropriate action regarding doctors, other health care providers, insurance carriers, utilization review agents, and independent review organizations.

DWC will manage the Medical Quality Review Process in a manner that is fair to all workers' compensation system participants, open, and transparent to the extent consistent with state confidentiality laws and provide the subject of a review the opportunity to participate throughout the Medical Quality Review Process. Medical quality reviews aid DWC in monitoring compliance with the Labor Code and DWC rules and help ensure that injured employees in the workers' compensation system receive medically necessary and appropriate health care that is timely, cost-effective, and facilitates functional recovery and appropriate return-to-work outcomes. Under Labor Code §408.023(l)(3), DWC shall collect information regarding cost and utilization of health care provided or authorized by a treating doctor on the list of approved doctors.

Under Labor Code §408.023(l), the injured employee's treating doctor is responsible for the efficient management of medical care as required by Labor Code §408.025(c) and DWC rules. Health care providers shall provide treatment in accordance with the current edition of the *Official Disability Guidelines (ODG)-Treatment in Workers' Comp* (excluding the return to work pathways), the adopted treatment guidelines under 28 Texas Administrative Code (TAC) §137.100.

Section II: Purpose for Plan-Based Audit

- Promote the delivery of health care that is cost-effective and serve the goals of all workers' compensation system participants.
- Ensure that health care providers adhere to the *ODG* and medically accepted standards of care when making neuromuscular testing referrals.
- Evaluate the appropriateness of a health care provider's decision-making and recordkeeping that supports the referring of neuromuscular testing.

Section III: Scope and Methodology for Plan-Based Audit

- Health care providers who referred injured employees for neuromuscular testing where:
 - the health care provider was listed as the referring doctor as reported through medical bill reporting under 28 TAC Chapter 134, Subchapter I (i.e. Medical EDI data);
 - the neuromuscular testing was billed with Current Procedural Terminology (CPT) codes:
 - muscle testing 95831-95834;
 - range of motion 95851-95852;

- needle EMG 95860-95864; or
 - nerve conduction tests 95907-95913; and
- the neuromuscular testing was performed from July 1, 2016, through June 30, 2017.
- Indications for ordering neuromuscular testing are identified by the criteria established in the *ODG* for treatment (2016-2017), including Appendix D - documenting exceptions to the Guidelines. *ODG* generally does not recommend neuromuscular testing.
- The request for medical records gives health care providers an opportunity to provide supporting documentation on the appropriateness for ordering neuromuscular testing.
- The procedure for determining the medical necessity and appropriateness of health care services is set forth in Section II of the Medical Quality Review Process.

Section IV: Selection Criteria for Plan-Based Audit

- Time frame to select data:
 - Neuromuscular testing performed for the period of July 1, 2016, through June 30, 2017.
- Exclusion:
 - Neuromuscular testing referred by designated doctors.
- Subject selection:
 - Select 10 health care providers who referred injured employees for neuromuscular testing that had the highest number of referrals per the selection criteria.
 - In the event of a tie, select the health care provider with the highest billed amount.
- Case selection:
 - Select a random sample of no more than five cases for each subject health care provider per the selection criteria.

Section V: Roles and Responsibilities

Information Management Services (IMS), DWC

- Provides a list of health care providers who referred injured employees for neuromuscular testing based on the scope, methodology, and selection criteria.
- Selects the subjects and case files for medical quality review based on selection criteria.

Health Care Quality Review, DWC

- Notifies subjects chosen for medical quality review and requests documents.
- Requests from IMS another subject or case if the nurse investigator verifies in writing that a subject or case was not selected in accordance with the approved Plan-Based Audit criteria.
- Selects MQRP members to perform a review in accordance with Labor Code §§408.0043-408.0045 and 28 TAC §§180.22, 180.66, and 180.68.
- Provides an executive summary to the Commissioner of Workers' Compensation upon conclusion of the plan-based audit.

Medical Advisor, DWC

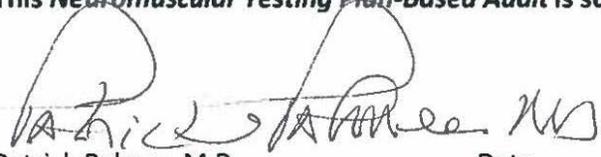
- Develops questions for the MQRP experts. The questions will be approved by all undersigned parties prior to any records being sent to the MQRP experts.

Section VI: Conflicts

This Neuromuscular Testing Plan-Based Audit incorporates the approved Medical Quality Review Process in effect. However, if a specific conflict exists between this plan-based audit and the Medical Quality Review Process, this plan-based audit prevails.

Section VII: Approvals

This Neuromuscular Testing Plan-Based Audit is submitted by:

 MS 10/11/18
Patrick Palmer, M.D. Date
Medical Advisor

This Neuromuscular Testing Plan-Based Audit is approved by:

 10/11/18
Cassie Brown Date
Commissioner of Workers' Compensation