



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

John Hopkins, DC, PhD

Respondent Name

Old Republic Insurance Company

MFDR Tracking Number

M4-24-1710-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

April 8, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 1, 2023	95913, and 95886	\$966.00	\$0.00
Total		\$966.00	\$0.00

Requestor's Position

"...we had pre-authorization approved and provided the service in good faith according to ODG treatment Guides, but for almost 12 months the Old republic_{7z} they did all to delay payment over and over again intentionally."

Supplemental Response dated May 1, 2024: "...we changed the CPT code still after 1 year, they still intentionally delayed any payment for services in bad faith to resolve this issue. We had approval from insurance as well as the insurance adjuster."

Supplemental Response dated May 9, 2024: "We sent them so many appeal requests and they said they will process payment each time and each time they delayed over and over intentionally to pass the 12-month statutory in order to not pay the medical bill. This is fraud and we requested an investigation by the commission. the liberty mutual sent all cases to Philippine to deny payment and they delay after delay intentionally."

Amount in Dispute: \$966.00

Respondent's Position

"A referral for EMG NCS study of upper extremity. There was no indication that the left upper extremity was needed for medical treatment. As noted on the original bill with creation date of 05/02/23 the provider billed CPT codes 95913 for 14 units and 95886 for 2 units. The Carrier released denial on 05/17/23 with message of 5876: ACCORDING TO THE TEXAS DIVISION OF WORKERS COMPENSATION'S RULES EFFECTIVE MAY 1, 2007, ALL MEDICAL TREATMENT PROVIDED TO WORKERS COMPENSATION PATIENTS IN THE STATE OF TEXAS MUST FOLLOW THE OFFICIAL DISABILITY GUIDELINES (ODG). THE SERVICES PROVIDED ARE OUTSIDE THE ODG GUIDELINES AND NO PRE-AUTHORIZATION WAS REQUESTED... CPT code 95910 which is Nerve conduction studies; 7-8 studies is not supported in the medical records received from the provider. This provider is not billing the correct code to reflect services provided."

Response Submitted by: Liberty Mutual Insurance Company

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 (TAC) [§133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.600](#) sets out the preauthorization, concurrent utilization review, and voluntary certification of health care.

Denial Reasons

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

- 589 – The documentation received does not support the level of service billed. Please adjust the level of service bill or provide additional documentation to support the service billed.
- 5876 – According to the Texas Division of Workers' Compensation's rules effective May 1, 2007, all medical treatment provided to workers' compensation patients in the state of Texas must follow the Official Disability Guidelines (ODG). The services provided are outside the ODG guidelines and no pre-authorization was requested.
- 531 – Please re-submit with the appropriate HPCS/CPT code.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is preauthorization required for the services in dispute?
2. Is the Insurance Carrier's denial reason due supported?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT codes 95913, and 95886 rendered on May 1, 2023.

The insurance carrier asserts that the treatment was provided outside of the ODG guidelines and that the denial of the disputed services occurred due to the lack of preauthorization.

The preauthorization requirements are set out in 28 TAC §134.600. The DWC finds the following:

28 TAC §134.600(a)(7) states, "Preauthorization: a form of prospective utilization review by a payor or payor's utilization review agent of health care services proposed to be provided to an injured employee."

28 TAC 134.600(f) states in pertinent part, "(f) The requestor or injured employee shall request and obtain preauthorization from the insurance carrier prior to providing or receiving health care listed in subsection (p) of this section..."

Per 28 TAC §134.600(p)(8) (A-B) the non-emergency healthcare that requires preauthorization includes: "(8) unless otherwise specified in this subsection, a repeat individual diagnostic study: (A) with a reimbursement rate of greater than \$350 as established in the current Medical Fee Guideline; or (B) without a reimbursement rate established in the current Medical Fee Guideline."

28 TAC §134.600 (c)(1) (A-B), states, The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur:

(A) an emergency, as defined in Chapter 133 of this title (relating to General Medical Provisions);

(B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..."

The requestor asserts, "... we had pre-authorization approved and provided the service in good faith according to ODG treatment Guides, but for almost 12 months the Old republic, they did all to delay payment over and over again intentionally."

A review of the medical documentation provided by the parties finds that the provider failed to meet its burden of proof to establish that the dates of service in dispute were preauthorized prior to rendering the treatment.

2. The DWC finds that the requestor submitted insufficient documentation to support the claim that preauthorization was obtained for the services in dispute. Due to this reason, the

insurance carrier’s denials for non-payment are supported. The requestor has failed to support that reimbursement is due. As a result, \$0.00 is recommended for the services in dispute.

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.

The DWC finds the requestor has not established that reimbursement is due.

Order

Based on the submitted information, pursuant to the Texas Labor Code 413.031, the DWC hereby determines the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

		October 24, 2024
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. 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, call CompConnection at 1-800-252-7031, option 3 or email 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 electronico CompConnection@tdi.texas.gov.