



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

Advantage Toxicology Mgmt, LLC

Respondent Name

Textron Inc

MFDR Tracking Number

M4-14-2185-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

March 17, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...we graciously request the attached bill to be exempt from statute §133.20 in chapter 133, subchapter B of the Texas Administrative Code, and processed accordingly."

Amount in Dispute: \$1,837.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The payment has been made."

Response Submitted by: Broadspire, 8827 W. Sam Houston Parkway N. Suite 110, Houston, TX 77040

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 24, 2013 – March 20, 2014	Urine Drug Screen	\$1,837.70	\$0.00

FINDINGS AND DECISION

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

- 28 Texas Administrative Code §133.307, 33 *Texas Register* 3954 sets out the procedures for resolving medical fee disputes
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for clinical laboratory and pathology services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 663-022 Based on fee schedule guidelines, bills submitted after the 95th day after the date of service are disallowed
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 663 - Reimbursement has been calculated according to the state fee schedule guidelines
 - W3 – Review made on appeal/reconsideration

Issues

1. What is applicable rule pertaining to fee guidelines?
2. Is reimbursement due?

Findings

1. 28 TAC §134.203(e) states: “The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and
- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.”

The disputed laboratory services will be calculated as follows;

Date of service	Submitted code	Number of units	Billed Amount	MAR
March 28, 2013	80184	1	\$28.53	15.74X 125% = \$19.68
March 28, 2013	82055	1	\$26.92	14.85 X 125% = \$18.56
March 28, 2013	82145	1	\$38.71	21.36X 125% = \$26.70
March 28, 2013	82003	1	\$50.41	27.82 X 125% = \$34.78
March 28, 2013	83840	2	\$81.35	22.45 X 125% = \$28.06 X 2 = \$56.12
March 28, 2013	83925	11	\$533.09	26.74 x125% = \$33.43 x 11= \$367.73
March 28, 2013	80299	2	\$68.22	18.83 X 125% = \$23.54 x 2 = \$47.08
March 28, 2013	80166	2	\$77.24	21.30 X 125% = \$26.63 x 2 = \$53.26
March 28, 2013	82570	1	\$7.82	7.11 X 125% = \$8.89
March 28, 2013	83986	1	\$6.05	4.92 X 125% = \$6.15
March 28, 2013	83789	1	\$0.00	24.82 X 125% = \$31.03
March 28, 2013	84311	1	\$11.80	9.61 X 125% = \$12.01
March 28, 2013	90182	1	\$33.74	18.63 X 125% = \$23.29
March 28, 2013	80154	8	\$368.58	25.43 X 125% = \$31.79 x 8 = \$254.32
March 28, 2013	82649	1	\$64.02	35.34 X 125% = \$44.18
March 28, 2013	82205	1	\$28.53	15.74 X 125% = \$19.18
March 28, 2013	80152	1	\$44.59	24.61 X 125% = \$30.76
March 28, 2013	82205	1	\$28.53	15.74 X 125% = \$19.68
March 28, 2013	82646	1	\$51.44	28.39 X 125% = \$35.49
March 28, 2013	80299	3	\$102.32	18.83 X 125% = \$23.54 x 3 = \$70.62
March 28, 2013	80174	1	\$42.87	23.66 X 125% = \$29.58
March 28, 2013	83805	2	\$87.79	24.23 X 125% = \$30.29 x 2 = \$60.58
			\$1,781.95	\$1,269.67

28 TAC §134.203(c) states in pertinent part “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (yearly conversion factor for date of service).” This service will be calculated as follows;

- Procedure code 80500, service date March 28, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.37 multiplied by the geographic practice cost index (GPCI) for work of 1.024 is 0.37888. The practice expense (PE) RVU of 0.2 multiplied by the PE GPCI of 1.085 is 0.217. The malpractice RVU of 0.03 multiplied by the malpractice GPCI of 0.547 is 0.01641. The sum of 0.61229 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$33.86.

2. The total allowable reimbursement for the services in dispute is \$1,303.53. The amount previously paid by the insurance carrier is \$1,815.80. No additional payment can be 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	December 30, 2014 Date
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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 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 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 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.