Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Compliance Toxicology LLC

Respondent Name
Texas Mutual Insurance Co

MFDR Tracking Number
M4-14-2693-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
May 1, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "By referencing the ODG, the Carrier alludes to a medical necessity dispute without stating so forthrightly, and without observing appropriate retrospective review procedure."

Amount in Dispute: $1,885.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Therefore, it is essential that Texas Mutual be provided with the documentation from which it can conduct a medical necessity review."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 14, 2014	Urinary Drug Screen	$1,885.00	$711.36

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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.210 sets out documentation requirements
3. 28 Texas Administrative Code §137.100 sets out treatment gudielines
4. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for clinical laboratory services
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - CAC-16 Claim/service lacks information which is needed for adjudication. At least one remark code must be provided (may be comprised of either the remittance advice remark code or NCPDP reject reason code)
   - CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
   - 217 – The value of this procedure is included in the value of another procedure performed on this date
   - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

- 225 – The submitted documentation does not support the service being billed
- 758 – ODG Documentation requirements for urine drug testing have not been met
- 641 – The medically unlike edits (MUE) from CMS has been applied to this procedure

Issues

1. Did the requestor meet division documentation requirements?
2. Did the carrier appropriately request additional documentation?
3. Did the carrier follow the appropriate administrative process to address the assertions made in its response to medical fee dispute?
4. Were Medicare policies met?
5. Is reimbursement due?

Findings

1. The workers' compensation carrier (carrier) denied services, in part, using claim adjustment code 758 which states that "ODG documentation requirements for urine drug testing have not been met." In its written response to this dispute, the carrier furthermore states that "Texas Mutual believes ODG documentation requirements have not been met." Documentation requirements for the services provided are not established by ODG, rather, documentation requirements are established by 28 TAC §133.210 states, (a) "Medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results." Review of the submitted documentation finds the requestor submitted results of tests for services in dispute. The carrier's denial reason is not supported.

2. In its response to this medical fee dispute, the carrier cites the lack of clarifying information and/or documentation as a reason for denial of payment. The process for a carrier's request of documentation not otherwise required by 28 TAC §133.210 is described in section (d) of that section as follows:

   "Any request by the insurance carrier for additional documentation to process a medical bill shall:
   (1) be in writing;
   (2) be specific to the bill or the bill's related episode of care;
   (3) describe with specificity the clinical and other information to be included in the response;
   (4) be relevant and necessary for the resolution of the bill;
   (5) be for information that is contained in or in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider;
   (6) indicate the specific reason for which the insurance carrier is requesting the information; and
   (7) include a copy of the medical bill for which the insurance carrier is requesting the additional documentation."

   No documentation was found to support that the carrier made an appropriate request for additional documentation with the specificity required by §133.210(d). The division concludes that carrier failed to meet the requirements of 28 TAC 133.210(d).

3. The carrier, in its response to this medical fee dispute, …"it is essential that Texas Mutual be provided with the documentation from which it can conduct a medical necessity review..." No documentation was found that demonstrates the existence of an unresolved issue of medical necessity, prior to the date the request for medical fee dispute resolution was filed.

   Furthermore, the division notes that 28 TAC §137.100 (e) sets out the appropriate administrative process for the carrier to retrospectively review reasonableness and medical necessity of care already provided. Section (e) states:

   "An insurance carrier may retrospectively review, and if appropriate, deny payment for treatments and services not preauthorized under subsection (d) of this section when the insurance carrier asserts that health care provided within the Division treatment guidelines is not reasonably required. The assertion must be supported by documentation of evidence-based medicine that outweighs the presumption of reasonableness established by Labor Code §413.017."

Retrospective review is defined in 28 TAC §19.2003(b)(31) as "Retrospective utilization review--A form of utilization review for health care services that have been provided to an injured employee. Retrospective utilization review does not include review of services for which prospective or concurrent utilization reviews were previously conducted or should have been previously conducted." 28 TAC §19.2011 (a) Appeal of prospective or concurrent review adverse determinations. Each URA must comply with its written procedures for appeals. The written procedures for appeals must comply with Insurance Code Chapter 4201, Subchapter H, concerning Appeal of Adverse Determination, and must include the following provisions:" …(2) For workers' compensation non-network coverage and workers' compensation health plans, a URA must include in its written procedures a statement specifying that the timeframes for requesting the appeal of the adverse determination must be consistent with §134.600 of this title (relating to Preauthorization, Concurrent Review, and Voluntary Certification of Health Care) and Chapter 133, Subchapter D, of this title (relating to Dispute of Medical Bills)."

The division finds that the carrier failed to follow the appropriate administrative process to address the assertions made in its response to this medical fee dispute.

4. 28 TAC §134.203(b)(1) states that "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiative (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules." §134.203(a)(5) states that "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, values and weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare." The services in dispute are clinical laboratory services; therefore, Medicare policies for the clinical laboratory services must be met. The services in dispute are addressed in the CMS Clinical Laboratory Fee Schedule. The requestor billed

February 14, 2014	G0431	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter
February 14, 2014	82570	Creatinine; other source
February 14, 2014	83986	pH; body fluid, not otherwise specified
February 14, 2014	80299	Quantization of drug, not elsewhere specified
February 14, 2014	82145	Amphetamine or methamphetamine
February 14, 2014	82205	Barbiturates, not elsewhere specified
February 14, 2014	82520	Cocaine or metabolite
February 14, 2014	83840	Methadone
February 14, 2014	83925	Opiate(s), drug and metabolites, each procedure
February 14, 2014	83805	Meprobamate
February 14, 2014	82646	Dihydrocodeinone
February 14, 2014	82649	Dihydromorphinone
February 14, 2014	82205	Barbiturates, not elsewhere specified
February 14, 2014	83789	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; quantitative, each specimen
February 14, 2014	80152	Amitriptyline
February 14, 2014	80182	Nortriptyline
February 14, 2014	80184	Phenobarbital
February 14, 2014	82542	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; quantitative, single stationary and mobile phase
February 14, 2014	80154	Benzodiazepines (not found on report)

Review of the medical bill finds that current AMA CPT Codes were billed, and that there are no CCI conflicts, Medicare billing exclusions. Medically unlikely edits (MUE) apply only to CPT code G0431. The units allowed will be (1). The requestor met 28 TAC §134.203.

5. The services in dispute are eligible for payment. 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."

CMS payment policy files identify those clinical laboratory codes which contain a professional component, and those which are considered technical only. The codes in dispute are not identified by CMS as having a possible professional component, for that reason, the MAR is determined solely pursuant to 28 TAC §134.203(e)(1). The maximum allowable reimbursement(MAR) for the services in dispute is 125% of the fee listed for the codes in the 2014 Clinical Diagnostic Laboratory Fee Schedule found on the Centers for Medicare and Medicaid Services website at http://www.cms.gov. Review of the document titled *"***Tabulated Results***"* finds that the provider sufficiently documented all but 80154, Benzodiaepines,

Date of service	Submitted code	units	Billed Amount	MAR
February 14, 2014	80299	2	$140.00	18.68 X 125% X 2 = $46.70
February 14, 2014	82145	1	$60.00	21.20 X 125% X 1 = $26.50
February 14, 2014	82205	1	$70.00	15.62 X 125% X 1 = $19.53
February 14, 2014	82520	2	$130.00	20.68 X 125% X 2 = $51.70
February 14, 2014	83840	2	$140.00	22.28 X 125% X 2 = $55.70
February 14, 2014	83925	4	$320.00	26.54 X 125% X 4 = $132.70
February 14, 2014	83805	1	$80.00	24.04 X 125% X 1 = $35.49
February 14, 2014	82646	1	$85.00	28.17 X 125% X 1 = $35.21
February 14, 2014	82649	1	$85.00	35.07 X 125% X 1 =$43.84
February 14, 2014	82205	1	$70.00	15.62 X 125% X 1 = $19.53
February 14, 2014	83789	1	$65.00	24.63 X 125% X 1 = $30.79
February 14, 2014	80152	1	$60.00	24.42 X 125% X 1 = $30.53
February 14, 2014	80182	1	$65.00	18.49 X 125% X 1 = $23.11
February 14, 2014	80184	1	$65.00	15.62 X 125% X 1 = $19.53
February 14, 2014	G0431	5	$300.00	75.82 X 125% X 1 = $94.78
February 14, 2014	82570	1	$35.00	7.06 X 125% X 1= $8.83
February 14, 2014	83986	1	$35.00	4.88 X 125% X 1 = $6.10
February 14, 2014	82542	1	$60.00	24.63 X 125% X 1 = $30.79
February 14, 2014	80154	1	$80.00	n/a not found on report
			$1,945.00	$ 711.36

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $711.36.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $711.36 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

		March , 2015
Signature	Medical Fee Dispute Resolution Manager	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 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.