



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Consultants in Pain Medicine

Respondent Name

Travelers Property Casualty Insurance Company

MFDR Tracking Number

M4- 16-1168-01

Carrier's Austin Representative

Box Number 5

MFDR Date Received

January 4, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... Travelers Insurance did not follow the CMS Correct Coding Initiatives for CPT code 82570 as they deny these codes as included in another service."

Amount in Dispute: \$169.28

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier contends reimbursement for the individual panels is included in the reimbursement for the urine drug screen itself."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: July 1, 2015, Urinary Drug Screen, \$169.28, \$33.10

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 §134.203 sets out the fee guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- 97 - Allowance included in another service.
- 309 - Charge exceeds fee schedule allowance
- 243 - Allowance included in another svc

## Issues

1. Are the insurance carrier's reasons for denial of payment supported?
2. What is the maximum allowable reimbursement (MAR) for the disputed services?
3. Is the requestor entitled to additional reimbursement?

## Findings

1. The insurance carrier denied disputed services with claim adjustment reason code 97 – "ALLOWANCE INCLUDED IN ANOTHER SERVICE," and 243 – "ALLOWANCE INCLUDED IN ANOTHER SVC." 28 Texas Administrative Code §134.203(b) states,

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 initiatives (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.

**82570** – Creatinine, other source: The *National Correct Coding Initiative Policy Manual for Medicare Services*, Chapter 10, E states,

Providers performing validity testing on urine specimens utilized for drug testing should not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

The insurance carrier's denial reason for this service is supported. Additional reimbursement cannot be recommended.

**81003** – Urinalysis by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy: The *National Correct Coding Initiative Policy Manual for Medicare Services*, Chapter 10, E states,

Providers performing validity testing on urine specimens utilized for drug testing should not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

The insurance carrier's denial reason for this service is supported. Additional reimbursement cannot be recommended.

**G6056** – Opiate(s), drug and metabolites, each procedure: Per Medicare's *Clinical Laboratory Fee Schedule (CLFS) Final Determinations* for 2015, this drug class is not included in the testing under CPT code G0431. The insurance carrier's denial reason for this service is not supported. Reimbursement will be reviewed in accordance with 28 Texas Administrative Code §134.203.

**G6045** – Assay of dihydrocodeinone: Per Medicare's *Clinical Laboratory Fee Schedule (CLFS) Final Determinations* for 2015, this drug class is included in the testing under CPT code G0431. *Medicare Claims Processing Manual 100-4*, Chapter 16, 90.3, 1. states, "Deny duplicate services detected within the same processing cycle ..." Therefore, this code is not separately payable when billed with CPT code G0431. The insurance carrier's denial reason for this service is supported. Additional reimbursement cannot be recommended.

**G6046** – Assay of dihydromorphinone: Per Medicare's *Clinical Laboratory Fee Schedule (CLFS) Final Determinations* for 2015, this drug class is included in the testing under CPT code G0431. *Medicare Claims Processing Manual 100-4*, Chapter 16, 90.3, 1. states, "Deny duplicate services detected within the same processing cycle ..." Therefore, this code is not separately payable when billed with CPT code G0431. The insurance carrier's denial reason for this service is supported. Additional reimbursement cannot be recommended.

2. 28 Texas Administrative Code §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 Division finds that the services in dispute are not addressed in 28 Texas Administrative Code §134.203 (c)(1).

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 2015 Clinical Diagnostic Laboratory Fee Schedule found on the Centers for Medicare and Medicaid Services website at <http://www.cms.gov>.

For procedure code G6056 on July 1, 2015, the MAR is calculated as follows:

Medicare CLFS	134.203 (e)(1)	Units	Total MAR
\$26.48	\$33.10	1	\$33.10

3. The total MAR for the disputed services is \$33.10. The insurance carrier paid \$0.00. A reimbursement of \$33.10 is recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$33.10.

***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 \$33.10 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Laurie Garnes  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
January 29, 2016  
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, 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 MFDR 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.**