



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

AUSTIN PAIN ASSOCIATES

Respondent Name

TRAVELERS

MFDR Tracking Number

M4-17-0498-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

October 24, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Austin Pain Associates performs a qualitative and quantitative analysis to ensure patient safety and compliance. Presumptive (qualitative) and definitive (quantitative) testing are two separate laboratory techniques/services. These services do not bundle and are separately payable."

Amount in Dispute: \$1,229.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "reimbursement for the individual panels is included in the reimbursement for the urine drug screen itself as they were performed during the same patient encounter."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: November 13, 2015, Clinical Laboratory Services – Urinary Drug Screening, \$1,229.00, \$419.32

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 guideline 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 – PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- 309 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- 600 – ALLOWANCE BASED ON MAXIMUM NUMBER OF UNITS ALLOWED PER FEE SCHEDULE GUIDELINES AND/OR SERVICE CODE DESCRIPTION.
- CVTY – THE CHARGES HAVE BEEN PRICED IN ACCORDANCE TO A COVENTRY OWNED CONTRACT. FOR QUESTIONS, PLEASE CALL 1-800-937-6824. Attn: Provider Services: 3611 Queen Palm Drive, Suite 200, Tampa, FL 33619 1-800-937-6824
- 243 – THE CHARGE FOR THIS PROCEDURE WAS NOT PAID SINCE THE VALUE OF THIS PROCEDURE IS INCLUDED/BUNDLED WITHIN THE VALUE OF ANOTHER PROCEDURE PERFORMED.

- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. THIS CLAIM WAS PROCESSED PROPERLY THE FIRST TIME.
- W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 6578 – Individual laboratory codes which are part of a more comprehensive laboratory panel code were reimbursed at an all-inclusive panel code. All other drug screen codes are included in the reimbursement for the comprehensive laboratory code.

Issues

1. Are the insurance carrier's reasons for denial of payment supported?
2. What is the applicable rule for determining reimbursement for the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services with claim adjustment reason codes:
 - 600 – ALLOWANCE BASED ON MAXIMUM NUMBER OF UNITS ALLOWED PER FEE SCHEDULE GUIDELINES AND/OR SERVICE CODE DESCRIPTION.
 - 243 – THE CHARGE FOR THIS PROCEDURE WAS NOT PAID SINCE THE VALUE OF THIS PROCEDURE IS INCLUDED/BUNDLED WITHIN THE VALUE OF ANOTHER PROCEDURE PERFORMED.
 - 6578 – Individual laboratory codes which are part of a more comprehensive laboratory panel code were reimbursed at an all-inclusive panel code. All other drug screen codes are included in the reimbursement for the comprehensive laboratory code.

28 Texas Administrative Code §134.203(b)(1) requires that for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply "Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers . . . and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Rule §134.203(a) defines Medicare payment policies as "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 insurance carrier asserts, "reimbursement for the individual panels is included in the reimbursement for the urine drug screen itself as they were performed during the same patient encounter."

The respondent did not present any documentation to support this position.

The requestor asserts, "Austin Pain Associates performs a qualitative and quantitative analysis to ensure patient safety and compliance. Presumptive (qualitative) and definitive (quantitative) testing are two separate laboratory techniques/services. These services do not bundle and are separately payable."

The requestor submitted persuasive documentation to support their position that the disputed services are separately payable.

The division notes that, although Medicare payment policies changed with respect to the disputed services effective in January of 2016, at the time of service in November of 2015, no applicable Medicare payment policy or CCI edit was found to restrict or bundle payment for the services in this dispute.

Review of the submitted information finds that the insurance carrier's denial reasons are not supported. The disputed services will therefore be reviewed for reimbursement according to applicable division rules and fee guidelines.

2. This dispute regards payment of clinical laboratory services with reimbursement subject to the division's *Medical Fee Guideline for Professional Services*, at 28 Texas Administrative Code §134.203, which requires that to determine the maximum allowable reimbursement (MAR), system participants shall apply Medicare payment policies with minimal modifications as set forth in the rule. Rule §134.203(e) requires that the MAR for laboratory services not addressed in subsection (c)(1) or 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.

Reimbursement is calculated as follows:

- HCPCS code G0431 has a Medicare Clinical Fee Schedule rate of \$75.63. 125% of that fee is \$94.54.
- HCPCS code G6052 has a Clinical Fee Schedule rate of \$23.98. 125% of that fee is \$29.98.
- HCPCS code G6045 has a Clinical Fee Schedule rate of \$28.10. 125% of that fee is \$35.13.
- HCPCS code G6046 has a Clinical Fee Schedule rate of \$34.98. 125% of that fee is \$43.73.
- HCPCS code G6056 has a Clinical Fee Schedule rate of \$26.48. 125% of that fee is \$33.10 at 4 units is \$132.40.
- HCPCS code G6056 has a Clinical Fee Schedule rate of \$26.48. 125% of that fee is \$33.10 at 3 units is \$99.30.
- HCPCS code G6041 has a Clinical Fee Schedule rate of \$40.85. 125% of that fee is \$51.06.
- CPT code 82570 has a Clinical Fee Schedule rate of \$7.04. 125% of that fee is \$8.80.
- CPT code 82542 has a Clinical Fee Schedule rate of \$24.58. 125% of that fee is \$30.73 at 2 units is \$61.46.

3. The total allowable reimbursement for the services in dispute is \$556.40. The insurance carrier has previously paid \$137.08, leaving an amount due to the requestor of \$419.32. This amount is recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has established that additional payment is due. As a result, the amount ordered is \$419.32.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$419.32, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Grayson Richardson	February 16, 2018
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 in accordance with Rule §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 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. **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.**