



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

VED V AGGARWAL MD PA

Respondent Name

LIBERTY INSURANCE CORP

MFDR Tracking Number

M4-18-0577-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

November 3, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Hormone testing services are rendered to the patient due to their (intake of Opiates lowers the levels of testosterone and hormone levels)... Claim was denied stating 'ODG Guidelines were not followed / No Authorization was rendered', it is imperative that you all review the ODG Guidelines as well when it comes to this type of rendering services. According to the Laboratory Fee Schedule CY 2017 all Codes show to be reimbursable for payment according to CMS."

Amount in Dispute: \$531.81

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This is not a network claim... The bill has been reviewed and denial stands as Peer review indicates that ODG only supports yearly UDS for this claimant as the claimant falls into the 'low risk' category. Peer Review is attached for your review."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: April 10, 2017, 82306, 82533, 82607, 82670, 83001, 83002, 84270, 84403, 84439, 84443, and 84481, \$531.81, \$0.00

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 reimbursement guidelines for professional medical services.
3. 28 Texas Administrative Code §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- X484 - 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 preauthorization was requested.

Issues

1. What is the AMA CPT Code description for the disputed services?
2. Was the requestor required to obtain preauthorization for the disputed services?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 82306, 82533, 82607, 82670, 83001, 83002, 84270, 84403, 84439, 84443, and 84481 rendered on April 10, 2017.

28 Texas Administrative Code §134.203 (b) states in pertinent part, "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."

The AMA CPT Code description for the disputed services:

- 82306 - Vitamin D; 25 hydroxy, includes fraction(s), if performed.
- 82533 – Cortisol; total
- 82607 – Cyanocobalamin (Vitamin B-12)
- 82670 – Estradiol
- 83001 – Gonadotropin; follicle stimulating hormone (FSH)
- 83002 – Gonadotropin; luteinizing hormone (LH)
- 84270 – Sex hormone binding globulin (SHBG)
- 84403 – Testosterone; total
- 84439 – Thyroxine; free
- 84443 – Thyroid stimulating hormone (TSH)
- 84481 – Triiodothyronine T3; free

The requestor seeks reimbursement for testosterone and hormone level testing. The Division will therefore review the disputed services and determine whether the requestor is entitled to reimbursement.

2. The insurance carrier denied CPT Codes 82306, 82533, 82607, 82670, 83001, 83002, 84270, 84403, 84439, 84443, and 84481 rendered on April 10, 2017 with denial reason codes "X484 – 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."

28 Texas Administrative Code §134.600(p)(12) states in pertinent part "(p) Non-emergency health care requiring preauthorization includes: (12) treatments and services that exceed or are not addressed by the commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the insurance carrier. This requirement does not apply to drugs prescribed for claims under §§134.506, 134.530 or 134.540 of this title (relating to Pharmaceutical Benefits)."

28 Texas Administrative Code (TAC) §137.100 (a) states, in pertinent part, "Health care providers shall provide treatment in accordance with the current edition of the *Official Disability Guidelines - Treatment in Workers' Comp...*" Health care provided in accordance with the Division treatment guidelines is presumed reasonable as specified in Labor Code §413.017, and is also presumed to be health care reasonably required as defined by Labor Code §401.011(22-a).

Review of the 2017 ODG pain chapter revealed that testosterone and hormone level testing services are not addressed by the ODG. As a result, the disputed services are subject to the preauthorization requirements outline in 28 Texas Administrative Code §134.600 (p) (12). Review of the submitted documentation revealed that the requestor submitted insufficient documentation to support that the disputed services were preauthorized, as a result, reimbursement cannot be recommended for the testosterone and hormone level testing. For the reasons stated above the Division finds that the requestor is therefore not entitled to reimbursement for the disputed services.

3. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for the disputed services. As a result, \$0.00 is 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	April 25, 2019 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, 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.