



# 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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

SAMUEL ALIANELL MD PA

**Respondent Name**

ACE INSURANCE COMPANY OF TEXAS

**MFDR Tracking Number**

M4-19-2986-01

**Carrier's Austin Representative**

Box Number 15

**MFDR Date Received**

January 31, 2019

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The carrier denied these bills for no preauthorization. These services do not fall within the TAC guidelines requiring preauthorization. Additionally, the disputed bills were not denied based upon peer review. The peer review provided to MFDR was performed nearly two years prior to these services and does not consider any current medical."

**Amount in Dispute:** \$4,086.80

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "A peer review ODG supports drug screens annually. Carrier paid drug screen for DOS 5/29/18, therefore the next one would not be due until 5/29/2019. Any additional drug screens are outside ODG and require preauthorization with was not obtained."

**Response Submitted by:** ESIS

#### SUMMARY OF DISPUTED SERVICE(S)

| Date(s) of Service                     | Disputed Service(s) | Amount in Dispute | Amount Due |
|--|---------------------|-------------------|------------|
| June 26, 2018 through October 16, 2018 | G0482 x 4           | \$4,086.80        | \$993.72   |

#### 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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
- 28 Texas Administrative Code §134.203 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 5 – No proof of pre-auth
  - 197 – Precertification/authorization/notification absent

## Issue(s)

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

## Findings

1. The requestor billed HCPCS Code G0482 rendered on June 26, 2018 through October 16, 2018. The insurance carrier in the position summary states in pertinent part, "A peer review ODG supports drug screens annually. Carrier paid drug screen for DOS 5/29/18, therefore the next one would not be due until 5/29/2019. Any additional drug screens are outside ODG and require preauthorization with was not obtained."

The insurance carrier denied the disputed service with denial reason codes "197 – Precertification/authorization/notification absent" and "5 – No proof of pre-auth." The Division will determine whether the HCPCS Code G0482 rendered on June 26, 2018 through October 16, 2018 requires preauthorization pursuant to 28 Texas Administrative Code §134.600.

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)."

HCPCS Code G0482 is defined as "Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed."

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 2018 ODG pain chapter under the "Drug testing" finds that drug testing is recommended. The division concludes that the services were provided in accordance with the division's treatment guidelines; that the services are presumed reasonable pursuant to 28 TAC §137.100(c), and Labor Code §413.017; and are also presumed to be health care reasonably required as defined by Labor Code §401.011(22-a).

For the reasons stated above the Division finds that insurance carrier's denial reasons are not supported, and the requestor is entitled to reimbursement for services in dispute.

2. The service in dispute, HCPCS Code G0482 is for clinical laboratory services subject to 28 Texas Administrative Code §134.203 (b) which 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."

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

Reimbursement is determined pursuant to Medicare's 2018 Clinical Laboratory Fee Schedule found at, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/> and calculated as follows:

Procedure code G0482 date June 26, 2018, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is \$198.74 x 125% of this amount is \$248.43.

Procedure code G0482 dated July 24, 2018, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is \$198.74 x 125% of this amount is \$248.43.

Procedure code G0482 dated September 13, 2018, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is \$198.74 x 125% of this amount is \$248.43.

Procedure code G0482 dated October 16, 2018, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is \$198.74 x 125% of this amount is \$248.43.

The Division finds that the requestor is therefore entitled to a total recommended amount of \$993.72, therefore this amount is recommended.

3. Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$993.72. Therefore, this amount is recommended.

### **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 \$993.72.

### ***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 \$993.72 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

|           |  |       |
|-----------|--|-------|
| _____     | _____                                  | _____ |
| Signature | Medical Fee Dispute Resolution Officer | Date  |

April 5, 2019

### ***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.**