



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

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-19-4267-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

May 28, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I want to emphasize that for Pain Management Services, there is Protocol to run UDS Testing for Confirmative/Definitive Testing and Authorizations are NOT required, when there is Inconsistencies in the results with taking opiate it supports for the services to be rendered, (as you will find all documentation attached to support those findings.)... Additional Payment due in \$300.35."

Amount in Dispute: \$300.35

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not respond to the DWC060 request.

SUMMARY OF DISPUTED SERVICE(S)

| Date(s) of Service | Disputed Service(s) | Amount in Dispute | Amount Due |
|--------------------|---------------------|-------------------|------------|
| February 14, 2019 | G0482 | \$300.35 | \$248.43 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code (TLC) §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
3. 28 TAC §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-197 – Precertification/authorization/notification absent
 - A04 – Denied in accordance with 134.600 (p)(12) treatment/service in excess of DWC treatment guidelines (ODG) per disability management rules
 - W3 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal no allowance change

Issue(s)

1. What is the definition of HCPCS Code G0482?
2. Did the disputed services require preauthorization?
3. Is HCPCS Code G0482 subject to the clinical laboratory fee schedule?
4. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for HCPCS Code G0482 rendered on February 14, 2019.

28 TAC §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."

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."

2. The insurance carrier denied the disputed service with denial reason codes "CAC-197 – Precertification/authorization/notification absent" and "A04 – Denied in accordance with 134.600 (p)(12) treatment/service in excess of DWC treatment guidelines (ODG) per disability management rule." The DWC will now determine whether the disputed service, HCPCS Code G0482 rendered on February 14, 2019 requires preauthorization pursuant to 28 TAC §134.600.

28 TAC §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 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 TLC §413.017 and is also presumed to be health care reasonably required as defined by TLC §401.011(22-a).

Review of the 2019 ODG pain chapter under "Drug testing" finds that drug testing is recommended. The DWC concludes that the services were provided in accordance with the DWC's treatment guidelines; that the services are presumed reasonable pursuant to 28 TAC §137.100(c), and TLC §413.017; and are also presumed to be health care reasonably required as defined by TLC §401.011(22-a).

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

3. The service in dispute, HCPCS Code G0482 is for clinical laboratory services subject 28 TAC §134.203(e) which states in pertinent part, "The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other DWC 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 DWC 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 2019 Clinical Laboratory Fee Schedule found at, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/> and calculated as follows:

- Procedure code G0482, February 14, 2019, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is \$198.74. 125% of this amount is \$248.43.

4. Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$248.43. Therefore, this amount is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$248.43.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC Sections 413.031 and 413.019 (if applicable), the DWC has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The DWC hereby ORDERS the respondent to remit to the requestor the amount of \$248.43 plus applicable accrued interest per 28 TAC §134.130, due within 30 days of receipt of this Order.

Authorized Signature

| | | |
|-----------|--|--------------------|
| | | September 20, 2019 |
| 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 28 TAC §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.