



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

AZALEA ORTHOPEDICS &
SPORTS MEDICINE

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-20-2978-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

August 21, 2020

Response Submitted By

SORM

REQUESTOR'S POSITION SUMMARY

"The cover letter of our Medical Fee Dispute (attached) lists the date of August 19, 2020. It also indicates the documents were sent via Federal Express... Our position is that the documents are sufficient to show the Medical Fee Dispute Resolution Request was received promptly and within the guidelines set forth by the Division. It is unknown to us why the documents clearly show delivery on August 20, 2020 but the Receipt Stamp by the Division is dated August 21, 2020."

RESPONDENT'S POSITION SUMMARY

"The Office performed an in-depth review of the dispute packet submitted by the Azalea Orthopedic & Sports Medicine and will respectfully request this medical fee dispute be dismissed due to it is not eligible for review pursuant to Rule §133.307 (c)(l) as the Division received this dispute on 8/21/2020 which is over 1 year from the date of service of 8/20/2019."

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
August 20, 2019	80307 and G0483	\$552.00	\$389.46

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

- 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
- 28 TAC §134.203, sets out the fee guidelines for reimbursement of professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - B22 - THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.
 - 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
 - 16 – CLAIMS/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.

Issue(s)

1. Are the disputed dates of service submitted timely and eligible for review?
2. What is the definition of HCPCS Code G0483 and CPT Code 80307?
3. Are the insurance carrier's denial reasons supported?
4. Are the HCPCS Code G0483 and CPT Code 80307 subject to the clinical laboratory fee schedule?
5. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 80307 and HCPCS Code G0483 rendered on August 20, 2019. The insurance carrier states in pertinent part, "...will respectfully request this medical fee dispute be dismissed due to it is not eligible for review pursuant to Rule §133.307 (c)(I) as the Division received this dispute on 8/21/2020 which is over 1 year from the date of service of 8/20/2019."

28 TAC §133.307(c) (1)(A), states, "A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

The date of the services in dispute is August 20, 2019. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on August 21, 2020. The Division finds that the disputed services were filed timely and in accordance with 28 TAC §133.307(c) (1)(A) and are therefore subject to review, pursuant to the applicable rules and guidelines.

2. 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."

CPT Code 80307 is defined as "Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service."

HCPCS Code G0483 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; 22 or more drug class(es), including metabolite(s) if performed."

3. The insurance carrier denied the disputed services with denial reason codes B22 and 16 (descriptions provided above.) The DWC finds that the documentation submitted for review is insufficient to support the insurance carrier's denial reasons. As a result, the requestor is entitled to reimbursement for the services in dispute.
4. The service in dispute, HCPCS Code G0483 and CPT Code 80307 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 G0483, August 20, 2019, represents a lab service paid per Rule §134.203(e). The Medicare Clinical LabFee is \$246.92. 125% of this amount is \$308.65.
- Procedure code 80307, August 20, 2019, represents a lab service paid per Rule §134.203(e). The Medicare Clinical LabFee is \$64.65. 125% of this amount is \$80.81.

5. Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$389.46. 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 \$389.46.

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 \$389.46 plus applicable accrued interest per 28 TAC §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	_____
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.