



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

VED V AGGARWAL MD PA

Respondent Name

TPCIGA FOR LUMBERMENS MUTUAL CASUALTY CO

MFDR Tracking Number

M4-21-1543-01

Carrier's Austin Representative

Box Number 50

MFDR Date Received

MAY 3, 2021

REQUESTOR'S POSITION SUMMARY

"UDS Testing due to the Medication/Opiate being prescribed does not require authorizations and I have attached supporting documentation to show the Inconsistencies of the Lab Results and it was a Necessity to order the G0482 along with the 80307."

Amount in Dispute: \$298.12

RESPONDENT'S POSITION SUMMARY

"According to DWC Rule 134.600(p)(12), Non-emergency health care requiring preauthorization includes 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. Therefore, since these services exceeded treatment approved by the ODG and they are not part of a treatment plan approved by the insurance carrier, they require preauthorization."

Response Submitted By: ReviewMed

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 6, 2020	CPT Code G0482	\$298.12	\$248.43

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 (DWC).

Background

- 28 Texas Administrative Code (TAC) §133.307, effective February 22, 2021, sets out the procedures for resolving medical fee disputes.
- 28 TAC §134.600, effective November 1, 2018, sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
- 28 TAC §133.307, effective May 1, 2007 sets out the treatment guidelines.

4. 28 TAC §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
5. The services in dispute were reduced/denied by the respondent with the following reason code:
 - 6999-Retrospective utilization review reconsideration.
 - 197 – Payment denied/reduced for absence of precertification/authorization.
 - W3 -reconsideration
 - 216-Based on the findings of a review organization.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly the first time.

Issues

Is the requestor entitled to reimbursement for CPT code G0482 rendered on August 6, 2020?

Findings

1. The requestor is seeking medical dispute resolution in the amount of \$298.12 for CPT code G0482 rendered on August 6, 2020.
2. The respondent denied reimbursement for code G0482 based upon a lack of preauthorization.
3. 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).”
4. CPT code G0482 is described 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.”
5. 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 Labor Code §413.017 and is also presumed to be health care reasonably required as defined by TLC §401.011(22-a).

Review of the 2020 ODG Pain chapter under Drug testing finds that drug testing is recommended.

The DWC finds that the services were provided in accordance with the DWC's treatment guidelines; therefore, the insurance carrier's denial of reimbursement is not supported,

6. The fee guidelines for disputed service is found in 28 TAC §134.203.

28 TAC §134.203(b) states “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...”

Procedure code G0482 represents a lab service paid per Rule §134.203(e).

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 2020 Clinical Laboratory Fee Schedule found at, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/>

2020	G0482		20200101	N	00198.74	Drug test def 15-21 classes
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The MAR is determined by the Medicare Clinical Lab Fee of \$198.74 x 125% = \$248.43. The respondent paid \$0.00. The requestor is due the difference between the MAR and amount paid of \$248.43.

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 Texas Labor Code 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 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

05/19/2021

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 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 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.