



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

CONFIRMATIVE MANAGEMENT SVC

Respondent Name

TPCIGA FOR LUMBERMENS MUTUAL CASUALTY

MFDR Tracking Number

M4-22-0294-01

Carrier's Austin Representative

Box Number 50

DWC Date Received

October 13, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 9, 2020	G0483	\$600.00	\$308.65
Total		\$600.00	\$308.65

Requestor's Position

"Drug Testing Beginning January 1, 2017, urine drug presumptive testing may be reported with CPT codes 80305-80307. These codes differ based on the level of complexity of the testing methodology. Only one code from this code range may be reported per date of service. Beginning January 1, 2016, urine drug definitive testing may be reported with HCPCS codes G0480-G0483. These codes differ based on the number of drug classes including metabolites tested. Only one code from this code range may be reported per date of service. 28 Texas Administrative Code 134.203 (b) 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. As seen above Code 80307 differs from the code paid by the carrier; G0483 is not all-inclusive nor is there a CCI edit that exists between the two codes. Therefore, the carrier's denial is not supported."

Amount in Dispute: \$600.00

Respondent's Position

"It is TPCIGA for Lumbermens Mutual Company's position that the provider is not entitled to any reimbursement for CPT code G0483. TPCIGA for Lumbermens Mutual Company reimbursed the provider under CPT code 80307. There is no additional reimbursement warranted for CPT code 00483. Additionally, the service in question requires a qualifying service/procedure which has not been received."

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

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

Statutes and Rules

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

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 144 - INCENTIVE ADJUSTMENT, E.G. PREFERRED PRODUCT/SERVICE.
- 193 – THE STATE OF TEXAS HAS IDENTIFIED THIS ZIP CODE AS ONE THAT RECEIVES AN ADDITIONAL 10% BONUS.
- 219 - THIS PROCEDURE SUPPLY, SERVICE OR REPORT DOES NOT NORMALLY WARRANT A CHARGE.
- 350 & W3 - BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 375 - PLEASE SEE SPECIAL 'NOTE' BELOW.
- B15 – THIS SERVICE/PROCEDURE REQUIRES THAT A QUALIFYING SERVICE/PROCEDURE BE RECEIVED AND COVERED. THE QUALIFYING OTHER SERVICE/PROCEDURE HAS NOT BEEN RECEIVED/ADJUDICATED.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- Note: Amended review. According to the AMA CPT, a presumptive drug screen is used to identify use or non-use of a drug or drug class. A definitive drug test is used to identify specific drugs or drug metabolites. When a presumptive test is negative for a patient on a prescribed medication, a definitive drug test may be performed. A definitive test isn't used for an expected result. A definitive drug screen is not reimbursable when there has been no underlying presumptive test or where the presumptive test has no conflicting result. The Official Disability Guidelines (ODG) offer explicit recommendations for random urine drug screening (UDS) including confirmatory testing of only inconsistent results. The presumptive drug screen is consistent; definitive testing isn't payable.

Issues

1. What is the definition of HCPCS Code G0483?
2. Did the disputed service require preauthorization?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement HCPCS Code G0483 rendered on November 9, 2020.

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 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."

2. The insurance carrier denied the disputed service with denial reason codes 219, 375 and B15 (description provided above). The DWC will now determine whether the disputed service, HCPCS Code G0483 rendered on November 9, 2020 required 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 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 the "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).

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

3. The service in dispute, HCPCS Code G0483 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 2020 Clinical Laboratory Fee Schedule found at, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/> and calculated as follows:

- Procedure code G0483, November 9, 2020, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is \$246.92. 125% of this amount is \$308.65.

Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$308.65. Therefore, this amount is recommended

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$308.65 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$308.65 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	November 19, 2021
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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.