



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Confirmative Mgmt Svcs

**Respondent Name**

Hartford Casualty Insurance Co

**MFDR Tracking Number**

M4-23-2769-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

June 29, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 29, 2022	80307	\$150.00	\$124.28
June 29, 2022	G0483	\$500.00	\$493.84
<b>Total</b>		<b>\$650.00</b>	<b>\$618.12</b>

### Requestor's Position

The requestor did not submit a position statement with this request for reconsideration but did submit a copy of their reconsideration that states, "DWC Rule §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. ...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 2021 ODG pain chapter under "Drug testing" finds that drug testing is recommended. ...The Insurance carrier's denial reason is not supported."

**Amount in Dispute:** \$650.00

## Respondent's Position

"We reviewed the bill and documentation submitted for the above claim date of service and find that the original bill was processed correctly. It was originally processed and denied as not authorized per adjuster's instructions on 7/28/22 under control number 218304192. Bill was reprocessed and denied as not approved based upon handler/adjuster review on 10/27/22 under control number 901764486."

**Response Submitted by:** The Hartford

## 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 Texas Administrative Code \(TAC\) §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:

- 309 – The charge for this procedure exceeds the fee schedule allowance
- P12 – Workers' compensation jurisdictional fee schedule allowance
- AUTH – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization. Pre-authorization was not obtained and treatment was rendered without the approval of treating doctor. If you require additional information regarding this bill decision, contact the claim handler
- 96 – Non-covered charge(s)
- NABA – Reimbursement is being withheld as the treating doctor and/or services rendered were not approved based upon handler review. If you require additional information on this bill decision, contact the claim handler

### Issues

1. What is the definition of HCPCS Code G0483 and CPT Code 80307?
2. Did the disputed service require preauthorization?
3. Is the requestor entitled to reimbursement?

## Findings

1. The requestor seeks reimbursement for HCPCS Code G0483 and 80307 rendered on June 29, 2022.

DWC Rule 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."

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."

2. The insurance carrier denied the disputed service as services not authorized, non-covered and per claim handler. The DWC will now determine whether the disputed service, HCPCS Code G0483 and CPT Code 80307 rendered on June 29, 2022, required preauthorization pursuant to 28 TAC §134.600.

DWC Rule 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)."

DWC Rule 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 2022 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; and the services are presumed reasonable pursuant to 28 TAC §137.100(c), no prior authorization was required. The insurance carrier’s denial for lack of prior authorization and not approved by handler are not supported.

The insurance carrier also denied as non-covered services. The division notes that 28 TAC §137.100 (e) sets out the appropriate administrative process for the carrier to retrospectively review reasonableness and medical necessity of care already provided. Section (e) states:

“An insurance carrier may retrospectively review, and if appropriate, deny payment for treatments and services not preauthorized under subsection (d) of this section when the insurance carrier asserts that health care provided within the Division treatment guidelines is not reasonably required. The assertion must be supported by documentation of evidence-based medicine that outweighs the presumption of reasonableness established by Labor Code §413.017.”

Retrospective review is defined in 28 TAC §19.2003 (28) as “The process of reviewing health care which has been provided to the injured employee under the Texas Workers’ Compensation Act to determine if the health care was medically reasonable and necessary.”

DWC Rule 28 TAC §19.2015(b) titled Retrospective Review of Medical Necessity states: (b) When retrospective review results in an adverse determination or denial of payment, the utilization review agent shall notify the health care providers of the opportunity to appeal the determination through the appeal process as outlined in Chapter 133, Subchapter D of this title (relating to Dispute and Audit of Bills by Insurance Carriers).”

The division finds that the carrier failed to follow the appropriate administrative process to address the assertion of a non-covered service.

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

The services in dispute will be reviewed per applicable fee guidelines.

3. The reimbursement guidelines for HCPCS Code G0483 and CPT Code 80307 is found at 28 TAC §134.203(e). 28 TAC §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 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 2022 Clinical Laboratory Fee Schedule found at, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched>, and calculated as follows:

Date of Service	CPT Code	Requested Amount	Medicare Clinical Lab Fee X 125%	MAR	Recommended Amount
June 29, 2022	80307	\$150.00	\$62.14 X 200% = \$124.28	\$124.28	\$124.28
June 29, 2022	G0483	\$500.00	\$246.92 X 200% = \$493.84	\$493.84	\$493.84

			Total	\$618.12	\$618.12
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Review of the submitted documentation finds that the requestor is entitled to a total recommended amount of \$618.12. 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.

The DWC finds the requestor has established that reimbursement of \$618.12 is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is / is not entitled to reimbursement for the disputed services. It is ordered that the Hartford Casualty Insurance Co must remit to the Confirmative Mgmt Svcs \$618.12 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

July 20, 2023  
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](http://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 three or email [CompConnection@tdi.texas.gov](mailto: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 tres o correo electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).