



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

LOUIS F PUIG

Respondent Name

XL SPECIALTY INSURANCE CO

MFDR Tracking Number

M4-21-2393-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 20, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 2, 2020	Code 99213	\$112.14	\$0.00
September 2, 2020	Code 99080	\$15.00	\$15.00
September 18, 2020	Code 99456	\$50.00	\$0.00
Total		\$177.14	\$15.00

Requestor's Position

"Insurance carrier was sent medical bills in a timely manner. The insurance carrier, Broadspire, provided EOBs in return, denying payment on the claims."

Amount in Dispute: \$171.14

Respondent's Position

"We are in receipt of the above captioned medical fee dispute resolution. Payment for date of service 9/2/20 has been disputed based on extent of injury ... We are attaching the PLN-11 for the extent of injury and EOBs."

Response Submitted by: Broadspire

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. Texas Labor Code, Chapter 413 sets out the rights and responsibilities related to medical dispute resolution.
2. 28 Texas Administrative Code §133.240 sets out the requirements for submission of medical payments and denials.
3. 28 TAC §133.305 sets out the procedures for resolving medical disputes.
4. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
5. 28 TAC §134.239, effective July 7, 2016, sets out medical fee guidelines for workers' compensation specific services.
6. 28 TAC §129.5, effective July 16, 2000, sets out the procedure for reporting and billing work status reports

Denial Reasons

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

- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- D00 – Based on further review, no additional allowance is warranted
- D53 – Extent of injury not finally adjudicated
- 224 – Duplicate charge
- 18 – Exact duplicate claim/service

Issues

1. Is CPT Code 99213 eligible for DWC medical fee dispute resolution for the service(s) in question?
2. Is requestor entitled to reimbursement for CPT Code 99080-73 and 99456?

Findings

1. If a dispute over the compensability of the injury, extent of/relatedness to the covered injury, liability for the injury exists for the same service(s) for which there is a medical fee dispute, 28 TAC §133.305 (b) states that the compensability, extent of injury/relatedness, liability dispute must be resolved before submission of a medical fee dispute resolution request for the service(s).

The insurance carrier denied payment for date of service September 2, 2020 due to an unresolved compensability, extent of injury/relatedness, liability issue. The insurance carrier notified the requestor of the denial on an explanation of benefits as defined by 28 TAC §133.240.

The insurance carrier also presented a copy of a Plain Language Notice for the issue to DWC, as required by 28 TAC §133.307 (d)(2)(H). No evidence was submitted to indicate that the issue was resolved before submitting this request for medical fee dispute resolution.

DWC concludes that an unresolved compensability, extent of injury/relatedness, liability issue exists for the service(s) in dispute.

DWC finds that good cause exists to dismiss CPT Code 99213 according to 28 TAC §133.307 (f)(3).

2. CPT Code 99080 is defined as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

28 TAC §134.29 states "When billing for a work status report that is not conducted as a part of the examinations outlined in §134.240 and §134.250 of this title, refer to §129.5 of this title."

28 TAC §129.5(j) states "Notwithstanding any other provision of this title, a doctor, delegated physician assistant, or delegated advanced practice registered nurse may bill for, and an insurance carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the insurance carrier, its agent, or the employer through its insurance carrier asks for an extra copy. The amount of reimbursement shall be \$15. A doctor, delegated physician assistant, or delegated advanced practice registered nurse shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors, delegated physician assistants, or delegated advanced practice registered nurses are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors, delegated physician assistants, or delegated advanced practice registered nurses billing for Work Status Reports as permitted by this section shall do so as follows:

- (1) CPT code "99080" with modifier "73" shall be used when the doctor, delegated physician assistant, or delegated advanced practice registered nurse is billing for a report required under subsections (e)(1), (e)(2), and (g) of this section;

28 TAC §129.5 (e)(1) and (2) states "(e) The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:

- (1) after the initial examination of the injured employee, regardless of the injured employee's work status;

- (2) when the injured employee experiences a change in work status or a substantial change in activity restrictions; and"

Review of the submitted documentation finds the requestor submitted a copy of the DWC-73 dated September 02, 2020 to support billing. Therefore, reimbursement in the amount of \$15.00

is recommended.

DWC finds Insurance Carrier paid CPT Code 99456-VR in the amount of \$50.00. Therefore, no reimbursement is due.

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 additional reimbursement of \$15.00 is due.

Order

It is ordered that XL Specialty Insurance Co must remit to Louis F Puig \$15.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		December 3, 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.

