



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

KYLE ELLIOTT JONES MD

Respondent Name

PROPERTY & CASUALTY INSURANCE CO.

MFDR Tracking Number

M4-22-0031-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

September 8, 2021

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| October 23, 2020 | 99080-73 | \$15.00 | \$15.00 |
| Total | | \$15.00 | \$15.00 |

Requestor's Position

"The EOB received on 02/23/2021 from this first visit denied payment of the DWC-73 stating, 'Billing for report and/or record review exceeds reasonableness.' A reconsideration letter was sent on 02/24/2021 saying that even though they paid for the 2nd work status report first, there were changes in restrictions and the 1st work status report should be paid as well. The subsequent EOB received denied payment again – 'Original payment decision is being maintained...'"

Amount in Dispute: \$15.00

Respondent's Position

The Austin carrier representative for Property & Casualty Insurance Company is Burns Anderson Jury and Brenner. Burns Anderson Jury and Brenner was notified of this medical fee dispute on September 14, 2021. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under 28 TAC §133.307(d)(1).

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 §129.5 sets out the procedures for Work Status Reports.
3. 28 TAC §134.239 sets out the procedures for Billing for Work Status Reports.

Denial Reasons

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

- 00563 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 00223 & P12 – Workers' compensation jurisdiction fee schedule adjustment
- 190 – Billing for report and/or record review exceeds reasonableness

Issues

Is the Insurance Carrier's denial reason supported?

Findings

The requestor seeks reimbursement for CPT code 99080-73 rendered on October 23, 2020.

CPT Code 99080-73 is described as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

28 TAC §134.239 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(i)(1) states "Notwithstanding any other provision of this title, a doctor may bill for, and a 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 carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15. A doctor 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 are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors 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 is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section."

28 TAC §129.5 (d)(1) and (2) states "The doctor shall file the Work Status Report:

- (1) after the initial examination of the employee, regardless of the employee's work status;
- (2) when the employee experiences a change in work status or a substantial change in activity restrictions."

A review of the submitted documentations finds the requestor was placed on restrictions through October 29, 2020; therefore, reimbursement of \$15.00 is recommended for this report.

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 requestor has established that reimbursement of \$15.00 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 \$15.00 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.