



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MICHAEL V. ADAIR DC

Respondent Name

AMERICAN ZURICH INSURANCE COMPANY

MFDR Tracking Number

M4-22-1726-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 11, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 22, 2019 through January 13, 2022	97110-GP, 97112-GP, 99213 and 99080-73	\$2,364.73	\$30.00
Total		\$2,364.73	\$30.00

Requestor's Position

"This patient has won his contested case hearing of 9/22/2021 based on extent of injury... Therefore, the submitted claims should be paid in full. Please resubmit for adjudication and payment."

Amount in Dispute: \$2,364.73

Respondent's Position

"On the November 5, 2021 date of service, the Carrier paid \$163.14... On the January 13, 2022 date of service, the Carrier paid \$167.22."

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 §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §129.5 sets out the guidelines for work status reports.

Denial Reasons

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

- P2 – Not a work-related injury/illness and thus not the liability of the workers compensation carrier.
- 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.
- W3 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Did the requestor waive the right to medical fee dispute resolution for dates of October 22, 2019 through February 4, 2021?
2. Did the requestor issue a supplemental payment after the filing of the DWC060 request?
3. Is the Requestor entitled to reimbursement for CPT Code 99080-73 rendered on November 5, 2021 and January 13, 2022?

Findings

1. The requestor seeks reimbursement for medical services rendered on October 22, 2019 through January 13, 2022.

28 TAC §133.307(c) (1) states in pertinent part, "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

The dates of the service in dispute are October 22, 2019 through January 13, 2022. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on April 11, 2022.

The DWC finds that dates of service October 22, 2019 through February 4, 2021, were filed later than one year after the dates of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307(c) (1) (B). The DWC concludes that the requestor has failed to timely file dates of service October 22, 2019 through February 4, 2021 with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for these dates of service. The DWC finds that dates of service November 5, 2021 through January 13, 2022 were submitted timely and are eligible for review.

2. Review of the submitted documentation supports that the insurance carrier issued a supplemental payment to the requestor after the submission of the DWC060 request. The DWC contacted the requestor to confirm receipt of payment and the requestor indicated the following on June 22, 2022, "We were not paid for any of the DWC-73 forms. All others were paid."

The DWC will therefore proceed with review of the timely submitted CPT Codes 99080-73 rendered on November 5, 2021 and January 13, 2022.

3. The Requestors seeks reimbursement for CPT code 99080-73 rendered on November 5, 2021 and January 13, 2022. The insurance carrier denied the disputed services with denial reduction codes, P2, B15, P12 and W3.

Review of the documentation submitted by the parties finds that the carrier did not provided documentation to the Division to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H). The respondent did not submit information to MFDR, sufficient to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the Division; therefore, the division finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. Because the service in dispute does not contain an unresolved extent of injury issue, this matter is eligible for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines

CPT Code 99080-73 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 §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 that the requestor documented and billed for CPT Code 99080-73; therefore, reimbursement of \$15.00 is recommended for this report.

4. The DWC finds that the requestor is therefore entitled to reimbursement in the amount of \$30.00 for Code 99080-73 rendered on November 5, 2021 and January 13, 2022.

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 \$30.00 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 \$30.00 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 7, 2022
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.