



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kyle E. Jones, MD

Respondent Name

Arch Indemnity Insurance Company

MFDR Tracking Number

M4-23-2715-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 26, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 30, 2023	99080-73	\$15.00	\$0.00
Total		\$15.00	\$0.00

Requestor's Position

"A work status report, DWC73, was done per TDI rules, to return her to full duty without work restrictions. Helmsmen denied payment of this reporting state, 'Evaluation and management services procedure (90000-99999) has been disallowed.' A reconsideration requires was sent on 5/13/23. The reconsideration was denied, with the new EOB stating, 'Original payment decision is being maintained...' We feel we have submitted all appropriate documentation to support the amount charged and request the remaining \$15."

Amount in Dispute: \$15.00

Respondent's Position

The Austin carrier representative for Arch Indemnity Insurance Company is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on July 5, 2023. 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 §133.307(d)(1).

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 §134.204, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.

Denial Reasons

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

- 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient code Editor), component code of comprehensive medicine, evaluation, and management services procedure (90000-99999) has been disallowed.
- 193 - Original payment decision is being maintained.

Issues

1. Is the allowance for CPT code 99080-73 included in the allowance of another service rendered on the disputed date?
2. Is the Requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for CPT code 99080-73 based upon reason code "906." Review of the medical bills identified that CPT codes 99456-WP, 99456-W8-RE and 99080-73 were rendered on March 30, 2023.

28 TAC §134.204 (l) states "The following shall apply to Work Status Reports. When billing for a Work Status Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section, refer to §129.5 of this title (relating to Work Status Reports)." The work status report was conducted as a part of the examinations coded 99456-WP and 99546-W8-RE outlined in 28 TAC §134.204(k).

28 TAC §134.204(k) states "The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier 'RE.' In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports." Therefore, per 28 TAC §134.204(k), the report is included and reimbursement is not recommended."

2. The DWC finds that the reimbursement of CPT Code 99080-73, a Division required report is included in the reimbursement of 99456-W8-RE. As a result, the requestor is not entitled separate reimbursement for CPT Code 99080-73.

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 not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	November 13, 2023
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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.