



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Kyle Elliott Jones, M.D.

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-23-2745-01

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
12/12/2022	99080-73	\$15.00	\$15.00

Requestor's Position

"On 12/12/22, [patient name] had a follow-up visit in our office. A new DWC-73 form was filled out changing [patient's] restrictions from the previous report in the following way:

- Motion Restrictions: Removed
- Posture Restrictions: Changed from 4 hrs max/day to 6 hrs max/day
- Lift/Carry Restriction: Changed from 15lbs to 20lbs

The EOB received from this visit denied payment of the DWC-73 stating, 'Billing for report and/or record review exceeds reasonableness.' We are requesting the remaining \$15 and believe we have submitted all appropriate documentation for the amount charged."

Amount in Dispute: \$15.00

Respondent's Position

"The provider has indicated that the CPT code in question is 99080-73, which is a work status report. The provider is seeking payment of \$15. The provider billed for an office visit as well, but has conceded that the carrier has already paid him the amount owed under that CPT code... The provider has been paid \$226.30. He is not entitled to any additional payment."

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 Texas Administrative Code ([TAC](#)) [§133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §129.5](#) sets out the fee guidelines for the DWC73 Work Status Reports.

Denial Reasons

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

- 190 – Billing for report and/or record review exceeds reasonableness.
- P12 – Workers' Compensation Jurisdictional fee schedule adjustment.
- W3 – Billing is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. Is the Insurance Carrier's reimbursement denial reason(s) supported?
2. Is requestor entitled to reimbursement for Work Status Report 99080-73?

Findings

1. The insurance carrier denied reimbursement for disputed code 99080-73 on date of service December 12, 2022, with denial reason code 190, defined above. Code 99080-73 is described as a Work Status Report.

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 documentation finds that the requestor met the documentation requirements outlined in 28 TAC §129.5. Specifically, the requestor supported that the injured employee experienced a change in activity restrictions, therefore filing of a Work Status Report on date of service December 12, 2022, was justified.

The division finds that the insurance carrier's denial reason is not supported.

2. The requestor seeks reimbursement in the amount of \$15.00 for code 99080-73, Work Status Report, rendered on December 12, 2022.

28 TAC §129.5(i)(1) which applies to the reimbursement of Work Status Reports 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."

Because the insurance carrier's denial reason of the disputed service is not supported, the division finds that the requestor is entitled to reimbursement in the amount of \$15.00, for Work Status Report 99080-73 rendered on December 12, 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 division finds the requestor is entitled to reimbursement in the amount of \$15.00 for service 99080-73, in dispute.

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, Safety National Casualty Corp., must remit to the Requestor, Kyle Elliott Jones, M.D., \$15.00 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

August 1, 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. 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.