

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

Phoenix Insurance Co.

**MFDR Tracking Number**

M4-24-0059-01

**Carrier's Austin Representative**

Box Number 5

**DWC Date Received**

September 8, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
10/20/2022	99080-73	\$15.00	\$0.00
10/20/2022	99213	\$174.71	\$0.00
<b>Total</b>		\$189.71	\$0.00

### Requestor's Position

"Other BRC Recons were paid except 10/20/2022 office visit. Please process for payment."

**Amount in Dispute:** \$189.71

### Respondent's Position

" ... The Carrier has reviewed the documentation and determined the Provider is entitled to reimbursement for the disputed service of CPT code 99213. Please note, however, that the

amount listed in the Table of Disputed Services does not match the amount billed on the HCFA-1500. Reimbursement for CPT code 99213 is being issued in accordance with the Texas Workers' Compensation Act and adopted Rules of the Division of Workers' Compensation. As to CPT code 99080-73, the Carrier contends the Provider is not entitled to reimbursement. Rule 129.5(e)(2) allows for the filing of a DWC-73 only when there is a change in work status or substantial change in activity restrictions. As documented by the attached DWC-73 dated 09-21-2022, there was neither in this case. Consequently, the Provider is not entitled to reimbursement. With the reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement."

**Response Submitted by:** Travelers

## 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 Medical Fee Dispute Resolution requests.
2. [28 TAC §129.5](#) sets out the guidelines for billing and reimbursement of Work Status Reports.

### Adjustment Reasons

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

- 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.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 1001 - Based on the corrected billing and/or additional information/documentation to now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
- 863 – Reimbursement is based on the applicable reimbursement fee schedule.
- 9102 – Additional payment made based on further review of state guidelines after receiving Fee Dispute; Decision not yet received.
- 2008 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.

- 5449 – Review of the submitted documentation does not substantiate the service billed.
- 947 – UPHELD. NO ADDITIONAL ALLOWANCE HAS BEEN RECOMMENDED.
- 2005 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.

### Issues

1. Has the requestor been previously paid for the of services in dispute?
2. Is the requestor entitled to additional reimbursement for CPT code 99213?
3. Is the requestor entitled to reimbursement for CPT code 99080-73, Work Status Report?

### Findings

1. The requestor is seeking reimbursement in the amount of \$189.71 for disputed services rendered on October 20, 2022.

A review of the submitted documentation finds that the requestor billed the insurance carrier \$167.22 for CPT code 99213 and \$15.00 for CPT code 99080-73, for a total charged amount of \$182.22 for the disputed services rendered on October 20, 2022.

A review of the submitted explanation of benefits (EOB) documents finds the following:

- EOB dated November 2, 2022, denied reimbursement for all services in dispute rendered on October 20, 2022.
- EOB dated September 13, 2023, allowed reimbursement in the amount of \$167.22, for CPT code 99213 rendered on October 20, 2022. The same EOB document denied payment for the Work Status Report, CPT code 99080-73, also rendered on October 20, 2022.

DWC finds, per EOBs submitted, that the requestor has been previously reimbursed their full charges of \$167.22 for the disputed CPT code 99213, rendered on date of service October 20, 2022.

2. The requestor is seeking \$174.71 for CPT code 99213 rendered on October 20, 2022. The insurance carrier has supported by documentation submitted, that it has paid the requestor their full charged amount of \$167.22 for the disputed service of CPT code 99213. Therefore, DWC finds that no additional reimbursement is due.

3. The requestor is seeking \$15.00 for CPT code 99080-73, Work Status Report, rendered on October 20, 2022.

The disputed Work Status Report service will be reviewed in accordance with 28 TAC §129.5, which applies to the billing and reimbursement of Work Status Reports.

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 medical records submitted does not support that there was a substantial change in the employee's work status or in their activity restrictions. Specifically, the medical record rendered on October 20, 2022, states "maintained the work status". The documentation submitted does not support that the Work Status Report was filed upon an initial examination of the employee, as the office visit billed was CPT code 99213, evaluation and management of an established patient.

DWC finds that the requestor is not entitled to reimbursement for the Work Status Report rendered on October 20, 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.

DWC finds the requestor has not established that additional reimbursement is due.

### **Order**

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

**Authorized Signature:**

October 12, 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](http://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](mailto: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.tas.gov](mailto:CompConnection@tdi.tas.gov).