



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Kyle Jones, M.D.

Respondent Name

Arch Insurance Co.

MFDR Tracking Number

M4-24-0479-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 27, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 13, 2023	99080-73	\$15.00	\$15.00
Total		\$15.00	\$15.00

Requestor's Position

"...work restrictions were all removed. A new DWC-73 form was filled out. The EOB received from this visit denied payment of the DWC-73 stating, 'The billed service falls outside the provider's scope of practice or specialty.' A reconsideration letter was sent on 04/04/2023, citing Texas House Bill 387. Even though this bill states that a mid-level provider may complete and file this form, Sedgwick denied the reconsideration request. 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 identified CPT code 99080 with a 73 modifier. The provider is seeking payment of \$15 for it. However, the provider billed for two CPT codes. The second one was 99213 in the amount of \$169.34. The carrier initially processed the provider's medical bill, but recommended too much payment for CPT code 99213. The amount recommended under CPT code 99213 was \$168.03, but it was later determined that the provider was a nurse practitioner, which would allow 85% reimbursement of the medical fee guidelines. The carrier subsequently reprocessed the provider's bill and recommended payment of \$15 for CPT code 99080. However, when the carrier did that, it represented an overpayment of CPT code 99213. There is still an overpayment such

that the provider is not entitled to any additional monies.”

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 §133.260](#) sets out the procedures for requesting refunds of overpayments to the health care provider.
3. [28 TAC §129.5](#) sets out the fee guidelines for the DWC73 reports.

Denial Reasons

The insurance carrier denied the payment for the disputed service with the following claim adjustment codes:

- 238 – THE BILLED SERVICE FALLS OUTSIDE THE PROVIDER'S SCOPE OF PRACTICE OR SPECIALTY.
- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 1002 – Due to an error in processing the original bill, we are recommending further payment be made for the above noted procedure.
- 2008 – No additional payment made on appeal/reconsideration.
- W3 – Appeal / Reconsideration.

Issues

1. Did the insurance carrier representative raise a new defense in its response?
2. Is the requestor entitled to reimbursement for CPT Code 99080-73?

Findings

1. In its position statement, Flahive, Ogden & Latson, on behalf of the insurance carrier, argued that the requestor is not entitled to payment for the disputed service due to an over payment on another CPT code billed on the same date of service.

The response from the insurance carrier is required by 28 TAC §133.307 (d)(2)(F) to address only the denial reasons presented to the health care provider before to the request for medical fee dispute resolution (MFDR) was filed with DWC. Any new denial reasons or defenses raised shall not be considered in this review.

The submitted documentation does not support that a denial based on an overpayment of another service was provided to the requestor before this request for MFDR was filed.

Furthermore, as 28 TAC §133.260 sets out the procedures for requesting refunds of overpayments to a health care provider, the insurance carrier is required to follow said procedures. Therefore, DWC will not consider this new defense in the current dispute review.

2. The requestor is seeking reimbursement in the amount of \$15.00 for CPT code 99080-73 rendered on March 13, 2023.

28 TAC §129.5 which applies to the disputed service, states in pertinent part "(b) If authorized under their licensing act, a treating doctor may delegate authority to complete, sign, and file a work status report to a licensed physician assistant or a licensed advanced practice registered nurse as authorized under Texas Labor Code §408.025(a-1). The delegating treating doctor is responsible for the acts of the physician assistant and the advanced practice registered nurse under this subsection.

(e) The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:

(1) after the initial examination of the injured employee, regardless of the injured employee's work status;

(2) when the injured employee experiences a change in work status or a substantial change in activity restrictions...

(J)... 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 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."

A review of the submitted documentation finds that the DWC 73, Work Status Report, rendered on March 13, 2023, met the documentation and medical billing requirements outlined in 28 TAC §129.5.

DWC finds that the requestor is therefore entitled to reimbursement in the amount of \$15.00 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 established that reimbursement is due in the amount of \$15.00.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed date of service March 13, 2023. It is ordered that the Respondent, Arch Insurance Co., must remit to the Requestor, Kyle 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

_____	_____	<u>December 1, 2023</u>
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.