



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

XL Specialty Insurance Co.

MFDR Tracking Number

M4-24-0729-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 29, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 3, 2023	99213-25	\$174.71	\$0.00
October 3, 2023	99080-73	\$15.00	\$0.00
October 3, 2023	98940-GP	\$0.00	\$0.00
September 28, 2023	99361-W1	\$0.00	\$0.00
Total		\$189.71	\$0.00

Requestor's Position

"We disagree that this is an exact duplicate. We have not been paid in full..."

Amount in Dispute: \$189.71

Respondent's Position

"The Provider contends they are entitled to additional reimbursement for the disputed services, CPT codes 99213-25 and 99080-73. The Carrier has reviewed the documentation. With the addition of the -25 modifier not originally billed, the Provider is entitled to reimbursement for CPT code 99213-25. Reimbursement for these services is being issued... As to CPT code 99080-73, the Carrier contends the Provider is not entitled to reimbursement for this service. The Provider previously billed for this code on 09-06-2023, less than 30 days prior to this date of service. Per Rule 129.5, work status reports should be issued upon the initial evaluation, a change of work status, or when requested by the Carrier. This was not an initial evaluation, and the Carrier has not requested a work status report. As there was also no change in the Claimant's restrictions, the Carrier contends the issuance of a second work status report less than 30 days later with no change constitutes an unreasonably excessive schedule. With the reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement."

Response Submitted by: Constitution State Services

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.
- 190 – BILLING FOR REPORT AND/OR RECORD REVIEW EXCEEDS REASONABLENESS.
- 18 – EXACT DUPLICATE CLAIM/SERVICE.
- 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.
- 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.
- 9104 – Payment upheld after receiving fee dispute; decision not yet received.
- 947 – UPHELD. NO ADDITIONAL ALLOWANCE HAS BEEN RECOMMENDED.
- 2005 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.

Issues

1. What services are in dispute?
2. Has the requestor been reimbursed for any of the services in dispute?
3. Is the requestor entitled to reimbursement for CPT code 99080-73, Work Status Report, rendered on October 3, 2023?

Findings

1. A review of the DWC060, Request for Medical Fee Dispute Resolution (MFDR) form, finds that the requestor listed four services on two separate dates of service. Two of the services listed show the amount in dispute as \$0.00, therefore, those two services will not be reviewed for adjudication.

The services considered to be in dispute for the purpose of this review will be CPT code 99213-25 and 99080-73, both rendered on October 3, 2023.

2. The requestor is seeking reimbursement in the total amount of \$189.71 for disputed CPT codes 99213-25 and 99080-73, rendered on October 3, 2023.

A review of the submitted documentation finds that the requestor billed the insurance carrier \$174.71 for CPT code 99213-25 and \$15.00 for CPT code 99080-73, for the disputed services rendered on October 3, 2023.

A review of the submitted explanation of benefits (EOB) documents finds that the EOB dated December 8, 2023, allowed reimbursement in the amount of \$174.71, for CPT code 99213-25 rendered on October 3, 2023. The same EOB document denied payment for the Work Status Report, CPT code 99080-73, also rendered on October 3, 2023.

DWC finds, per EOBs submitted, that the requestor has been reimbursed their full charges of \$174.71 for the disputed CPT code 99213-25, rendered on date of service October 3, 2023. Therefore, DWC finds that no further reimbursement is due for CPT code 99213-25.

3. The requestor is seeking reimbursement in the amount of \$15.00 for CPT code 99080-73, DWC73 Work Status Report, rendered on October 3, 2023.

28 TAC §129.5(i)(1) which applies to the billing and 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."

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 injured employee's work status or in their activity restrictions. 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 on the same date of service was for an evaluation and management of an established patient. DWC finds no evidence that the Work Status Report was requested by the carrier or the employer.

DWC finds that the requestor is not entitled to reimbursement for CPT code 99080-73, Work Status Report, rendered on October 3, 2023.

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:

February 15, 2024

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.tas.gov.