



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ashley Ferguson

Respondent Name

Employers Preferred Insurance Co

MFDR Tracking Number

M4-24-0953-01

Carrier's Austin Representative

Box Number 4

DWC Date Received

January 3, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 10, 2023	99213	\$27.00	\$0.00
January 10, 2023	99080	\$15.00	\$0.00
February 28, 2023	99080	\$15.00	\$15.00
March 30, 2023	99080	\$15.00	\$15.00
Total		\$72.00	\$30.00

Requestor's Position

"Since the provider billed an amount less than the Texas Worker's Comp Fee schedule, the carrier is required to pay the full amount of the billed charges of \$135.00. Therefore, the carrier still owes the provider \$27.00 for the CPT code 99213. ...Also, according to the EOB CPT 99080 was denied payment because the carrier states that the provider cannot bill for a work status report more than once every two weeks. ...This in no way prevents the provider from billing for a work status report, as long as it meets the other criteria for billing for a work status report."

Supplemental response March 19, 2024.

"...We are only showing that we received a payment of \$42.00 for DOS 01/10/2023 for this MFDR case."

Amount in Dispute: \$72.00

Respondent's Position

"Employers Preferred Insurance Company has requested their bill review service to reprocess the bills and will issue any additional payment due for the date of services once the review is complete."

Response submitted by: Ricky D. Green, PLLC

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 guideline for work status reports.

Denial Reasons

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

- 18 – Exact duplicate claim/service.
- 247 – A payment or denial has already been recommended for this service.
- 190 – Billing for report and/or record exceeds reasonableness.
- 252 – The recommended allowance is based on the value for services performed by a licensed non-physician practitioner.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Did the requestor support an additional payment was made for January 10, 2023 date of service?
2. Is the Requestor entitled to additional reimbursement for CPT 99080 for dates of service February 28, 2023 and March 30, 2023.

Findings

1. The requestor states in a supplemental response to MDR Inquiry, "...we received a payment of \$42 for DOS 01/10/2023. Review of the submitted DWC 60 indicates the amount in dispute for date of service January 10, 2023 is \$42.00. The requestor's acknowledgement of

payment of the disputed amount leaves no amount in dispute for date of service January 10, 2023. The remaining dates of service in dispute are reviewed below.

2. The requestor is seeking additional reimbursement for Code 99080 – Work Status Reports. DWC Rule §129.5 (e)(1)(2)(3) states, “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; and

(3) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks and which shall be based upon the doctor's, delegated physician assistant's, or delegated advanced practice registered nurse's scheduled appointments with the injured employee.

Review of the submitted DWC073 for date of service February 28, 2023 indicates.

- Employee is prevented from returning to work as of 02/28/23 and is expected to continue through 03/20/23
- How the injury prevents the employee from returning to work is “medications cause safety concerns.”

Review of the submitted DWC073 for date of service March 30, 2023 indicates.

- Employee is prevented from returning to work as of 03/30/23 and is expected to continue through April 28, 2023.
- Injury prevents the employee from returning to work as “medications cause drowsiness” (illegible).

Based on this review, DWC finds the employee experienced a change in dates the employee was unable to return to work. Payment is recommended for dates of service February 28, 2023 and March 30, 2023 in the amount of \$15.00 each for a total recommended payment of \$30.00.

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 requester has established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed dates of service. It is ordered that the Employers Preferred Insurance Co must remit to the, Ashley Ferguson, \$30.00 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	_____ April 9, 2024 Date
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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.