



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Dakota Truck Underwriters

MFDR Tracking Number
M4-24-1021-01

Carrier's Austin Representative
Box Number 6

DWC Date Received
January 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 12, 2023	99213	\$174.71	\$0.00
June 12, 2023	99080-73	\$15.00	\$0.00
July 13, 2023	99213	\$174.71	\$0.00
July 13, 2023	99080-73	\$15.00	\$0.00
July 10, 2023	99361-W1	\$113.00	\$0.00
August 10, 2023	99213	\$174.71	\$0.00
August 10, 2023	99080-73	\$15.00	\$0.00
September 7, 2023	99213	\$174.71	\$0.00
September 7, 2023	99080-73	\$15.00	\$0.00
Total		\$871.84	\$0.00

Requestor's Position

"These bills still remain UNPAID."

Amount in Dispute: \$871.84

Respondent's Position

"...Carrier did not receive the bills the subject of this MFDR... The bills attached to this MFDR show that the provider submitted them to an incorrect medical billing agent... the correct medical billing agent is... Carrier submitted the bills the subject of this MFDR through the correct billing agent and has attached the DWC-62s as evidence hereto. For these reasons, Dakota Truck Underwriters requests the provider submit any future billing to the correct bill review agent and that this dispute be withdrawn or dismissed..."

Response Submitted by: Stone Loughlin Swanson

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:

- 190 – BILLING FOR REPORT AND/OR RECORD REVIEW EXCEEDS REASONABLENESS.
- P12 –WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Issues

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

Findings

1. The requestor is seeking reimbursement in the total amount of \$871.84 for disputed services rendered on the following dates: June 12, 2023; July 10, 2023; July 13, 2023; August 10, 2023; September 7, 2023.

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

- Per EOB dated January 29, 2024, the carrier allowed payment of the full charge for CPT code 99213, rendered on June 12, 2023, in the amount of \$174.71. The same EOB denied payment for CPT code 99080-73, Work Status Report, rendered on the same date of service, citing that the report exceeds reasonableness.
- Per EOB dated January 29, 2024, the carrier allowed payment of the full charge for CPT code 99213, rendered on July 13, 2023, in the amount of \$174.71. The same EOB denied payment for CPT code 99080-73, Work Status Report, rendered on the same date of service, citing that the report exceeds reasonableness.
- Per EOB dated January 29, 2024, the carrier allowed payment of the full charge for CPT code 99213, rendered on August 10, 2023, in the amount of \$174.71. The same EOB denied payment for CPT code 99080-73, Work Status Report, also rendered on August 10, 2023, citing that the report exceeds reasonableness. This same EOB document allowed payment of the full charge for CPT code 99361, rendered on July 10, 2023, in the amount of \$113.00.
- Per EOB dated January 29, 2024, the carrier allowed payment of the full charge for CPT code 99213, rendered on September 7, 2023, in the amount of \$174.71. The same EOB denied payment for CPT code 99080-73, Work Status Report, rendered on the same date of service, citing that the report exceeds reasonableness.

DWC finds that the services in dispute have been allowed reimbursement in the total amount of \$811.84, per the EOBs dated January 29, 2024.

2. A review of the submitted medical bills and EOBs finds that the only services which have not been allowed reimbursement are CPT code 99080-73, Work Status Reports, rendered on dates of service June 12, 2023; July 13, 2023; August 10, 2023; September 7, 2023. The total amount billed for the four Work Status Reports was \$60.00. A review of the submitted EOBs finds that each Work Status Report was denied reimbursement based on "exceeds reasonableness".

DWC finds that the disputed services remaining unpaid are four Work Status Reports, billed using CPT code 99080-73, rendered on the dates of service indicated above. The requestor billed \$15.00 each for the four Work Status Reports, for a total unpaid balance of \$60.00.

3. The requestor is seeking reimbursement for a work status report rendered on four separate disputed dates of service, in the amount of \$15.00 each, for CPT code 99080-73, DWC73 Work Status Report.

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 on any of the Work Status Reports submitted. The documentation submitted does not support that the Work Status Reports were filed upon an initial examination of the employee, as the office visits billed on the same dates of service were for 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 June 12, 2023; July 13, 2023; August 10, 2023, or on September 7, 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:

March 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, 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.