



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Kyle Jones, M.D.

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-24-2412-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 27, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 28, 2023	99080-73	\$15.00	\$15.00
Total		\$15.00	\$15.00

Requestor's Position

"All motion, posture and lift/carry restrictions were removed. A new DWC-73 form was filled out to show all restrictions removed."

Amount in Dispute: \$15.00

Respondent's Position

The Austin carrier representative for Safety National Casualty Corp. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on July 9, 2024. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 guidelines for the DWC73 reports.

Denial Reasons

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

- 190 – BILLING FOR REPORT AND/OR RECORD REVIEW EXCEEDS REASONABLENESS
- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 18 – EXACT DUPLICATE CLAIM/SERVICE.
- 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

Issues

1. Is the requestor entitled to reimbursement for CPT Code 99080-73?

Findings

1. The requestor is seeking reimbursement in the amount of \$15.00 for CPT code 99080-73 rendered on December 28, 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 December 28, 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 rendered on December 28, 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 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 reimbursement for the service in dispute. It is ordered that the Respondent, Safety National Casualty Corp., 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

Signature

Medical Fee Dispute Resolution Officer

October 9, 2024
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.