TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Ferral Endsley, D.O.

Respondent Name
Liberty Mutual Insurance Corp.

MFDR Tracking Number
M4-25-2484-01

Carrier's Austin Representative
Box Number 60

DWC Date Received
June 6, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 23[sic] 20, 2025	99080	$100.00	$100.00

Requestor's Position

"On 2/19/2025, adjuster Carol Garza sent us correspondence asking for specific information on his claim. (attached to this fax) On 3/20/25, we faxed her a dictated letter addressing her concerns. To date, we have not been reimbursed for that. The letter goes above and beyond what is in a regular medical narrative and we should be reimbursed according to rule 134.120."

Amount in Dispute: $100.00

Respondent's Position

"The bill is denying correctly... they are billing for a medical narrative, that they recognize is not billable under CPT code 99080 per Texas Workers Compensation guidelines. They are using the code as it's the CPT code billable per AMA coding guidelines. As this is not accepted per 28 Tex. Admin. Code §129.5 Work Status Reports the denial is valid."

Response submitted by: Gallagher Bassett

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 §134.120 sets out the fee guidelines for medical documentation.

Denial Reasons

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

- 181 & 90391 – PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 236 - This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/fee schedule requirements.
- 242 – Services not provided by network/primary care providers.
- 96 – NON-COVERED CHARGES.

Issues

1. Are the insurance carrier's reasons for denial of payment supported?
2. Is the requestor entitled to reimbursement for the disputed service?

Findings

1. This dispute involves non-payment of charges billed by a treating doctor for the service of providing a medical narrative report, as was requested by Gallagher Bassett.

   The treating doctor billed Gallagher Bassett in the amount of $100.00 under CPT code 99080 for the service of creating and providing the requested medical narrative report.

   In its position statement response, Gallagher Bassett asserts that CPT code 99080 is not a valid code for the service of a narrative report. The respondent does not argue whether the narrative report was provided, only that the billed code was an invalid code for the service provided. Gallagher Bassett referenced that the use of CPT code 99080 is for the billing of Work Status Reports in accordance with 28 TAC §129.5.

28 TAC §129.5 (j)(1) requires health care providers to append CPT code 99080 with modifier "73" when billing for a Work Status Report, stating in pertinent part, "Doctors, delegated physician assistants, or delegated advanced practice registered nurses are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors, delegated physician assistants, or delegated advanced practice registered nurses 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, delegated physician assistant, or delegated advanced practice registered nurse is billing for a report required under subsections (e)(1), (e)(2), and (g) of this section."

A review of the submitted bill finds that the requestor did not append CPT code 99080 with any modifier. When CPT code 99080 is billed without a modifier, it represents "the service of completing special reports that require additional information beyond standard medical documentation."

28 TAC §134.120, which applies to the reimbursement for medical documentation states, in relevant part:

> "(f) The reimbursements for medical documentation are:
>
> (1) copies of medical documentation--$.50 per page;
>
> (2) copies of hospital records--an initial fee of $5.00 plus $.50 per page for the first 20 pages, then $.30 per page for records over 20 pages;
>
> (3) microfilm--$.50 per page;
>
> (4) copies of X-ray films--$8.00 per film
>
> (5) narrative reports:
>
> (A) one to two pages--$100;
>
> (B) each page after two pages--$40 per page.
>
> (g) Narrative reports are defined as original documents explaining the assessment, diagnosis, and plan of treatment for an injured employee written or orally transcribed and created at the written request of the insurance carrier or the Division. Narrative reports shall provide information beyond that required by prescribed medical reports and/or records. A narrative report should be single spaced on letter-size paper or equivalent electronic document format. Clinical or progress notes do not constitute a narrative report."

DWC finds that CPT code 99080 is an acceptable, billable code for the service of providing a medical narrative report. Therefore, the insurance carrier's reason for denial of CPT code 99080 rendered on March 20, 2025, based on an invalid procedure code, is not supported.

2. The requestor is seeking reimbursement in the amount of $100.00 for creating and providing a medical narrative report as was requested by the insurance carrier. Charges for the report were billed to Gallagher Bassett under CPT code 99080, on March 20, 2025.

Because the insurance carrier's denial of payment for the disputed service is not supported, DWC finds that the requestor is entitled to reimbursement in accordance with 28 TAC §134.120 (f), which sets the rate at $100.00 for a one-to-two-page narrative report.

A review of the submitted documentation finds a request from Gallagher Bassett dated February 19, 2025, requesting information from the treating doctor, beyond what is required in a standard medical record or progress note. DWC's documentation review also finds a two-page medical narrative report dated March 20, 2025, signed by the treating doctor, in response to the afore mentioned request for information. DWC finds that the narrative report provided meets the definition of a narrative report as set out in 28 TAC §134.120 (g).

DWC finds that, in accordance with 28 TAC §134.120 (f), the requestor is entitled to reimbursement in the amount of $100.00 for the disputed service of providing a requested medical narrative report billed under CPT code 99080.

The insurance carrier paid $0.00 for the disputed service. Thus, DWC recommends reimbursement to the requestor in the amount of $100.00 for the service in dispute rendered on March 20, 2025.

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 $100.00.

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, Liberty Mutual Insurance Corp., must remit to the Requestor, Ferral Endsley, D.O., $100.00 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	June 25, 2025 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 electronico CompConnection@tdi.texas.gov.