Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DR AHMED KHALIFA
1415 SOUTH HWY 6 SUITE 400D
SUGARLAND TX 77478

Respondent Name

HOUSTON ISD

Carrier's Austin Representative Box

Box Number 21

MFDR Tracking Number

M4-10-1570-01

REQUESTOR'S POSITION SUMMARY

Requestor's position summary taken from the request for reconsideration: "We are in receipt of the attached E.O.B. related to the date of service September 03, 2009. Based on this E.O.B. the medical bill of $19.00 was denied…Please explain which procedure which was done on the same day by the same health care provider which included COPYING OF 38 PAGES OF THE MEDICAL RECORD FOR THE DESIGNATED DOCTOR?"

Amount in Dispute: $19.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Requestor is seeking reimbursement for date of service September 3, 2009 in the amount of $19.00. The amount in dispute was audited and/or paid in accordance with the Medical Fee Guidelines."

Response Submitted by: Thornton Law Firm, 912 S. Capital of TX Hwy., Suite 300, Austin, TX 78746

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 3, 2009	CPT Code 99080 – Copies of Medical Records (38 pages)	$19.00	$19.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §126.7 titled *Designated Doctor Examinations: Requests and General Procedures* sets out the procedure for requesting and performing Designated Doctor Examinations.

3. 28 Texas Administrative Code §134.120 titled *Reimbursement for Medical Documentation* effective May 2, 2006 sets out the fees for medical documentation.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 09/28/2009

- 593-Payment for this service is always subsumed or bundled into payment for another service, no separate payment is made.
- 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

Issues

1. Is the requestor entitled to reimbursement for copies of medical records sent to the Designated Doctor?

Findings

1. The insurance carrier denied disputed services with reason codes 593 – "Payment for this service is always subsumed or bundled into payment for another service, no separate payment is made" and 97 – "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated." Review of the submitted documentation finds no information to support that the disputed services are subsumed, bundled, or included in the payment/allowance for another service or procedure. The respondent's EOB denials of "593 and "97" are not supported. The disputed service will therefore be reviewed in accordance with applicable Division rules and fee guidelines.
2. This dispute involves reimbursement for copies of medical records provided by the treating doctor to the designated doctor pursuant to 28 Texas Administrative Codes §126.7(i)(1), effective January 1, 2007, 31 *Texas Register* 6351, which states "The treating doctor and insurance carrier shall provide to the designated doctor copies of all the employee's medical records in their possession relating to the medical condition to be evaluated by the designated doctor…"
3. 28 Texas Administrative Code §134.120 titled *Reimbursement for Medical Records*, effective May 2, 2006 (31 Tex. Reg. 3561) provides that:
   (a) An insurance carrier is not required to reimburse initial medical documentation provided to the insurance carrier in accordance with §133.210 of this title (relating to Medical Documentation).
   (b) An insurance carrier shall separately reimburse subsequent copies of medical documentation requested by the insurance carrier in accordance with §133.210 of this title.
   (c) Upon request, the health care provider shall provide the injured employee, or the injured employee's representative, an initial copy of the medical documentation without charge. The requestor shall reimburse the health care provider for subsequent requests of the same medical documentation.
   (d) If the injured employee, or the injured employee's representative, requests creation of medical documentation, such as a medical narrative, the requestor shall reimburse the health care provider for this additional information.
   (e) The health care provider shall provide copies of any requested or required documentation to the Division at no charge.
   (f) The reimbursements for medical documentation are:
      (1) copies of medical documentation - $0.50 per page…"

   No documentation was found to support that (a) through (e) listed above apply. That is, (a) does not apply because the copies were not provided to the carrier; (b) does not apply because the copies were not requested by the carrier; (c) does not apply because the copies were not requested by the injured employee or the injured employee's representative; and (d) does not apply because the Division did not request the copies. Therefore, the division concludes that (f) applies to the service in dispute.
4. 28 Texas Administrative Code §134.120 (f) states, in pertinent part, "The reimbursements for medical documentation are: (1) copies of medical documentation - $0.50 per page…" Based upon the submitted medical bills, the requestor billed CPT code 99080 – special reports or copies of reports, 38 pages at $0.50 per page for a total allowable of $19.00. This amount is recommended for payment.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $19.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $19.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	Date
		11/1/2011

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.