



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

GERALD PETER FOOX MD

MFDR Tracking Number

M4-12-3019-01

MFDR Date Received

May 30, 2012

Respondent Name

ABF FREIGHT SYSTEM INC

Carrier's Austin Representative

Box Number 01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I received a request from, a state w/c dept = OIEC Patty Ayling. I was requested to review multiple pages of additional records; generate a narrative report & answer several questions. I believe my time is worth something & also my knowledge. I believe that I should get paid for this service."

Amount in Dispute: \$350.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Rule 134.120(g) 'Narrative reports are defined as original documents explaining the assessment, diagnosis and plan of action for an injured employee written or orally transcribed and created at the request of the insurance carrier or the Division'. This report was requested by OIEC neither the workers' compensation nor the Division. Therefore it is the carrier's position that the charges for this report are not reimbursable."

Response Submitted by: ABF FREIGHT SYSTEM INC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 26, 2012	99499	\$350.00	\$0.00

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- Texas Labor Code §404.002 establishes Office of Injured Employee Counsel administrative attachment to Texas Department of Workers' Compensation.
- 28 Texas Administrative Code §134.120 sets out guidelines for reimbursement for medical documentation.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 112 – Payment adjusted as not furnished directly to the patient and/or not documented.
- 125 – Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.
- 193 – Original payment decision is being maintained. This claim was processed properly the first time.

Issues

- 1. Is the Office of Injured Employee Counsel part of the Division of Workers' Compensation?
- 2. Was the definition of narrative report met?
- 3. Is the requestor entitled to reimbursement?

Findings

- 1. Per Texas Labor Code §404.002 (b), "The office is administratively attached to the department but is independent of direction by the commissioner, the commissioner of insurance, and the department..."
The respondent in their position stated, "This report was requested by OIEC neither the workers' compensation nor the Division. Therefore it is the carrier's position that the charges for this report are not reimbursable."
The Division finds that the OIEC is not part of the Division of Workers' Compensation.
- 2. Per 28 Texas Administrative Code 134.120 (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."
Review of the submitted documentation finds that the request was not made by the Division or by the carrier, as a result, reimbursement is not recommended for the disputed CPT Code 99499.
- 3. The Division finds that the requestor is not entitled to reimbursement for CPT Code 99499 rendered on March 26, 2012.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	Date
		<u>May 8, 2015</u>

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) 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 MFDR 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 this *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.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.