



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

G. PETER FOOX, MD

Respondent Name

HARTFORD UNDERWRITERS INSURANCE CO

MFDR Tracking Number

M4-13-2676-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

JUNE 18, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: **Requestor's Position Summary:** "Medical records provided for DDE appointment required by TDI to provide records."

Amount in Dispute: \$43.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our review shows that the disputed service lacks information needed to process reimbursement, specifically the type or medical documentation which was copied and forward to the Designated Doctor."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 24, 2013	CPT Code 99080 – Copies of Medical Records (56 pages)	\$43.00	\$28.00

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 §408.0041 titled *Designated Doctor Examination*, effective September 1, 2007 outlines the procedures for Designated Doctor Examinations.
- 28 Texas Administrative Code §134.120 titled *Reimbursement for Medical Documentation* effective May 2, 2006 sets out the fees for medical documentation
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 4-The procedure code is inconsistent with the modifier used or a required modifier is missing.
 - 10-The billed service requires the use of a modifier code.
 - 217-Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement.
 - TX73-No max allow defined by fee guide. Values for DOP proc shall be determined by written doc.. Attached

to the bill per gen instructs Texas Med fee guide. If doc was recvd paymnt is based on usual reasonable & cust for zip code.

Issues

1. Are copies of medical records sent to the Designated Doctor included in the allowance for another service/procedure rendered on the disputed date of service?
2. Is the requestor entitled to reimbursement for copies of medical records sent to the Designated Doctor?

Findings

1. Based upon the submitted medical bills, the requestor billed CPT code 99080 – special reports or copies of reports, for 56 pages, on the disputed date of service. The requestor noted that the copies of medical records were for the Designated Doctor.

Texas Labor Code §408.0041(c), states “The treating doctor and the insurance carrier are both responsible for sending to the designated doctor all of the injured employee’s medical records relating to the issue to be evaluated by the designated doctor that are in their possession. The treating doctor and insurance carrier may send the records without a signed release from the employee. The designated doctor is authorized to receive the employee’s confidential medical records to assist in the resolution of disputes. The treating doctor and insurance carrier may also send the designated doctor an analysis of the injured employee’s medical condition, functional abilities, and return-to-work opportunities.”

Based upon the submitted documentation, the requestor complied with Texas Labor Code §408.0041(c) and submitted 56 pages of medical records to the Designated Doctor; therefore, reimbursement for the copies of medical records is recommended.

2. 28 Texas Administrative Code §134.120(f), states “The reimbursements for medical documentation are: (1) copies of medical documentation--\$.50 per page.” Therefore, 56 pages X \$.50 = \$28.00. The respondent paid \$0.00. The difference between amount due and paid is \$28.00.

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 \$28.00.

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 \$28.00 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

11/25/2014

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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