



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

IAN J. REYNOLDS, MD, PA

Respondent Name

BRIDGEFIELD CASUALTY INSURANCE

MFDR Tracking Number

M4-20-0470-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

OCTOBER 21, 2019

REQUESTOR'S POSITION SUMMARY

"We were requested to provide copies of medical records on the above patient for a designated doctor exam. Records were copied and sent to Jesse Levi Roth, DC for examination date 08-30-2019. We also received a request from the insurance company attorney Downs-Stanford, PC to forward the records for the designated doctor exam. We did originally file the claim with an error for the number of units, we had 1 and it should have been 82 for the number of pages. It was corrected and resubmitted with the correct number of units and it was still denied. Original denial stated, 'Bundled with another service.' Copies of records are not bundled with any other service and Medicare has nothing to do with the Administrative codes and Texas Labor Code that set the guidelines for billing for workers' compensation."

Amount in Dispute: \$41.00

RESPONDENT'S POSITION SUMMARY

"The DWC-60 from the Requestor lists the dispute as a fee dispute and involves a treating doctor's request for the insurance carrier to pay for records requested by the designated doctor, but not by the insurance carrier...Insurance carriers are not liable for the cost of records when the treating doctor provides the records to the designated doctor at the request of the designated doctor."

Response Submitted by: Downs Stanford, PC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 23, 2019	CPT Code 99080	\$41.00	\$41.00

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 (DWC).

Background

- 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §127.10, effective November 4, 2018, provides the general procedures for Designated Doctor Examinations.

3. 28 Texas Administrative Code §134.120, effective May 2, 2006, sets out the reimbursement guideline for medical documentation.
4. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
5. The services in dispute were reduced/denied by the respondent with the following claim adjustment reason codes:
 - 926-PPO not utilized per agreement.
 - W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal. Bill has been identified as a request for reconsideration or appeal.
 - 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. No allowance was recommended as this procedure has a Medicare status of "B" bundled.

Issues

Is the requestor entitled to reimbursement for copies of records billed with CPT code 99080 (X82) that were provided to the Designated Doctor?

Findings

1. The requestor is seeking medical dispute resolution in the amount of \$41.00 for copies of medical records (CPT code 99080) that were provided to the Designated Doctor on August 23, 2019.
2. The respondent denied reimbursement for code 99080 based upon, "97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. No allowance was recommended as this procedure has a Medicare status of "B" bundled."
3. To determine if reimbursement is due the DWC refers to the following statutes:
 - 28 TAC §127.10 (a) states, "The designated doctor is authorized to receive the injured employee's confidential medical records and analyses of the injured employee's medical condition, functional abilities, and return-to-work opportunities to assist in the resolution of a dispute under this subchapter without a signed release from the injured employee. The following requirements apply to the receipt of medical records and analyses by the designated doctor:
 - (1) The treating doctor and insurance carrier shall provide to the designated doctor copies of all the injured employee's medical records in their possession relating to the medical condition to be evaluated by the designated doctor. For subsequent examinations with the same designated doctor, only those medical records not previously sent must be provided. The cost of copying shall be reimbursed in accordance with §134.120 of this title (relating to Reimbursement for Medical Documentation)."
 - 28 TAC § 134.120(f) states, "The reimbursements for medical documentation are: (1) copies of medical documentation--\$.50 per page."
 - Per 28 TAC §134.203(a)(7), "Specific provisions contained in the Texas Labor Code or the Texas Department of Insurance, Division of Workers' Compensation (Division) rules, including this chapter, shall take precedence over any conflicting provision adopted or utilized by CMS in administering the Medicare program. Independent Review Organization (IRO) decisions regarding medical necessity made in accordance with Labor Code §413.031 and §133.308 of this title (relating to MDR by Independent Review Organizations), which are made on a case-by-case basis, take precedence in that case only, over any Division rules and Medicare payment policies."
4. The DWC finds:
 - The DWC ordered the injured employee to attend a Designated Doctor Examination.
 - 28 TAC §127.10(a)(1) requires the treating doctor to provide copies of all the injured employees medical records relating to the condition to be evaluated to the Designated Doctor.
 - The requestor billed for 82 pages of copies of medical records.
 - The respondent denied reimbursement based upon Medicare policy regarding code being a status "B" code.
 - Per 28 TAC §134.203(a)(7), the provisions in the DWC rules take precedence over any conflicting provisions in Medicare; therefore, the respondent's denial of payment is not supported.
 - Per 28 TAC § 134.120(f), the reimbursement is 82 pages X \$.50 = \$41.00.
 - The respondent paid \$0.00.

- The requestor is due reimbursement of \$41.00

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$41.00.

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 DWC has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The DWC hereby ORDERS the respondent to remit to the requestor the amount of \$41.00 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

11/14/2019
Date

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.