



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

AMERICAN ZURICH INSURANCE CO

MFDR Tracking Number

M4-20-1840-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

MARCH 31, 2020

REQUESTOR'S POSITION SUMMARY

Dr. Reynolds received a request for copies of our medical records for Charles, W. Hebert, DC for a Designated Doctor Exam...We billed CPT code 99080 for copies of these records for 18 pages at .50 a page."

Amount in Dispute: \$9.00

RESPONDENT'S POSITION SUMMARY

"The provider is not entitled to reimbursement when he copies medical records and forwards them to a designated doctor. There is nothing in the statute nor the Division rules that allow for him to be reimbursed by the carrier."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: January 21, 2020, CPT Code 99080 Copies of Records (18 pages), \$9.00, \$9.00

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

- 1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §127.10, effective November 4, 2018, provides the general procedures for Designated Doctor Examinations.
3. 28 TAC §134.120, effective May 2, 2006, sets out the reimbursement guideline for medical documentation.
4. The services in dispute were reduced/denied by the respondent with the following claim adjustment reason codes:
- 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.

Issues

Is the requestor entitled to reimbursement for copies of records billed with CPT code 99080 (X18) that were sent to the Designated Doctor?

Findings

1. The requestor is seeking medical dispute resolution in the amount of \$9.00 for copies of medical records (CPT code 99080) that were sent to the Designated Doctor on January 21, 2020.
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."
3. To determine if reimbursement is due the DWC refers to the following statutes:
 - 28 TAC §127.10 (a)(1) 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."
4. The DWC finds:
 - The DWC ordered injured employee to attend a Designated Doctor Examination.
 - Per 28 TAC §127.10 (a)(1) requires the treating doctor to provide copies of all the injured employees medical records to the Designated Doctor.
 - The requestor billed for 18 pages of copies.
 - The respondent denial of reimbursement based upon the service being included in the payment allowance of another service is not supported.
 - Per 28 TAC § 134.120(f), the reimbursement is 18 pages X \$.50 = \$9.00.
 - The respondent paid \$0.00.
 - The requestor is due reimbursement of \$9.00

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 \$9.00.

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 \$9.00 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

04/23/2020
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.