

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ROBERT J. COOLBAUGH DC

Respondent Name

AIU INSURANCE COMPANY

MFDR Tracking Number

M4-22-1852-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 27, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 8, 2022	99080 (Copies of medical records)	\$95.50	\$95.50
	Total	\$95.50	\$95.50

Requestor's Supplemental Position

"At no point did the Carrier claim there was a lack of documentation or that they need proof of delivery. It should also be noted that the billing was done according to Rule 134.20.

'Reimbursement for Medical Documentation' and only after it was confirmed that the OEIC received the requested medical records."

Amount in Dispute: \$95.50

Respondent's Position

"According to the Provider, he is entitled to reimbursement for medical records sent to OEIC. Yet, there is no proof that he sent any records to OEIC prior to billing the Carrier for those alleged services. Moreover, the Provider has failed to identify how he calculated the reimbursement rate. He failed to share with the Carrier whatever records he allegedly forwarded to OEIC... Moreover, he failed to provide any proof that OEIC requested the records in the first place. The Provider is not entitled to any reimbursement absent proof to support his allegations."

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.120 sets out the guidelines for reimbursement of medical documentation.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 96 – Non covered charges.
- 242 – According to the fee schedule this charge is not covered.
- 193 – Original payment decision is being maintained. Upon review it was determined that the claim was processed properly.

Issues

1. Is the Insurance Carrier's denial reason(s) supported?
2. What rule applies to the reimbursement of medical documentation?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 99080, copies of medical documentation, requested by Office of Injured Employee Council (OIEC). The insurance carrier denied the services in dispute with denial reason codes indicated above.

Review of the documentation submitted by the Requestor supports that the OIEC requested copies of medical records from the injured employee's doctor. The DWC therefore finds that the insurance carrier's denial reasons are not supported, and reimbursement is recommended.

2. 28 TAC §134.210 states, "(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."

28 TAC §134.210 states, "(f) The reimbursements for medical documentation are: (1) copies of medical documentation--\$.50 per page."

The requestor documents on the CMS 1500 that 191 pages were copied for the insurance carrier at the request of Office of Injured Employee Council (OIEC). The following calculation identifies the reimbursement amount.

191 pages x \$.50/page = MAR \$95.50. The Requestor seeks \$95.50, as a result this amount is recommended.

3. The DWC finds that the requestor is entitled to reimbursement for copies of medical documentation in the amount of \$95.50. Therefore, this amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The DWC finds the requestor has established that reimbursement of \$95.50 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$95.50 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	<u>June 3, 2022</u>
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.