



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Robert J. Coolbaugh, D.C.

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-23-0611-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

November 8, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 23, 2022	Medical Records – 99080 (240 pages)	\$117.50	\$117.50

### Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

**Amount in Dispute:** \$117.50

### Respondent's Position

It appears that the provider is claiming that he provided medical records to OIEC and as a consequence of it, he is billing the carrier. However, the carrier is not liable for cost of documents submitted by the provider to OIEC.

**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 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.120 sets out the fee guidelines for copies of medical records.
3. 28 TAC §276.11 sets out the guidelines for providing documentation to the Office of Injured Employee Counsel.
4. Texas Labor Code §404.155 sets out the requirements for providing documentation to the Office of Injured Employee Counsel.

### Denial Reasons

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

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 242 – According to the fee schedule, this charge is not covered.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 96 – Non-covered charge(s).
- N569 – Not covered when performed for the reported diagnosis.

### Issues

1. Is this dispute subject to dismissal based on extent of injury?
2. Is Robert J. Coolbaugh, D.C. entitled to additional reimbursement?
3. What is the recommended reimbursement amount for this dispute?

## Findings

1. Dr. Coolbaugh is seeking reimbursement for providing copies of medical records to the Office of Injured Employee Counsel. AIU Insurance Co. denied payment, in part, stating, "Not covered when performed for the reported diagnosis."

28 TAC §§133.305 (b) and 133.307 (c)(1)(B)(i) state that a dispute regarding compensability/extent of injury must be resolved prior to a request for medical fee dispute.

Per 28 TAC §133.307 (d)(2)(H), the respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves compensability or liability.

Review of the submitted documentation finds that Flahive, Ogden & Latson failed to attach a copy of a related PLN on behalf of AIU Insurance Co. to support a denial based on extent of the compensable injury.

This dispute is not subject to dismissal as the denial reason was not supported.

2. Submitted documentation indicates that Dr. Coolbaugh billed \$120.00 for 240 pages of medical records supplied to the Office of Injured Employee Counsel.

The respondent argued that 28 TAC §§134.120 and 276.11 do not require the insurance carrier to pay for medical documentation. However, TLC 404.155, effective June 15, 2007, states:

(b) The workers' compensation insurance carrier is liable to the health care provider for the cost of providing copies of the employee's medical records under this section. The insurance carrier may not deduct that cost from any benefit to which the employee is entitled.

(c) The amount charged for providing copies of an injured employee's medical records under this section is the amount prescribed by rules adopted by the commissioner for copying medical records.

Per 28 TAC §276.11, which was adopted to implement TLC 404.155, states "A health care provider's reimbursement from an insurance carrier for costs of documentation provided to OIEC are prescribed by the provisions of §134.120 of this title."

DWC finds that Dr. Coolbaugh is entitled to reimbursement for the services in question.

3. Reimbursement for copies of medical records is calculated at \$.50 per page according to 28 TAC §134.120 (f)(1). Billing indicated that the charges were for 240 pages which is \$120.00. Dr. Coolbaugh is seeking \$117.50. 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.

DWC finds the requester has established that additional reimbursement of \$117.50 is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that AIU Insurance Co. must remit to Robert J. Coolbaugh, D.C. \$117.50 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
January 9, 2023

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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).