



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

William D. Strinden, MD

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-09-9535-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

June 22, 2009

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... Insurance carrier requested a designated doctor evaluation of patient and medical documentation was requested to be sent to disability examining doctor..."

Rule 134.120 (b) states that the insurance carrier shall separately reimburse subsequent copies of medical documentation requested by the insurance carrier...

33 pages of records sent to the disability examining doctor had been sent to the insurance company previously at some point preceding 03-24-09 and should be paid at 50¢ per page."

Amount in Dispute: \$16.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... the Office will at this time maintain it denial ...

... current rule §134.120 which went in to effect on 5/2/2006, does not include a provision for reimbursement of the treating doctor submitting medical records to a designated doctor as did the repealed Rule §133.2..." "

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 24, 2009	Submission of Medical Records (99080)	\$16.50	\$0.00

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.120 sets out the procedures for reimbursement for medical

documentation.

3. 28 Texas Administrative Code §133.210 sets out the procedures for submission and request of medical records.
4. 28 Texas Administrative Code §126.7 effective January 1, 2007 sets out the general procedures for Designated Doctor Examinations for the date of service in question.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 16 – Not all info needed for adjudication was supplied
 - 50 – Service not deemed ‘medically necessary’ by payer
 - T13 – Medical necessity denial
 - W4 – No additional payment allowed after review
 - Comment: “The predecessor rule 133.2 provided for reimbursement to the treating doctor for copies of records when forwarded to a subsequent treating doctor, RME doctor or the designated doctor. The current rule contains no such provision and as such, the carrier is not liable for the cost of these copies.”

Issues

1. Does an unresolved medical necessity issue exist for the disputed services?
2. Are the insurance carrier’s reasons for denial or reduction of payment supported?

Findings

1. The insurance carrier denied disputed services with claim adjustment code 50 – “Service not deemed ‘medically necessary’ by payer” and T13 – “Medical necessity denial.” 28 Texas Administrative Code §126.7 (i)(1), effective January 1, 2007, states, in relevant part, “The treating doctor and insurance carrier shall provide to the designated doctor copies of all the employee's medical records in their possession relating to the medical condition to be evaluated by the designated doctor.” Submission of medical records by the treating doctor to the designated doctor is required and not subject to medical necessity. For this reason, there exists no unresolved medical necessity issue for the disputed services.
2. The insurance carrier denied disputed services on the explanation of benefits, stating, “The predecessor rule 133.2 provided for reimbursement to the treating doctor for copies of records when forwarded to a subsequent treating doctor, RME doctor or the designated doctor. The current rule contains no such provision and as such, the carrier is not liable for the cost of these copies.”

The requestor indicates that 28 Texas Administrative Code §134.120 (b) requires payment. This rule states “An insurance carrier shall separately reimburse subsequent copies of medical documentation **requested by the insurance carrier in accordance with §133.210** [emphasis added] of this title.” 28 Texas Administrative Code §133.210 does not indicate that a request for a designated doctor is a request for medical documentation by the insurance carrier. While a designated doctor may be requested by the insurance carrier, it is not scheduled until ordered by the Division. Provision for payment of submission of medical records by the treating doctor to the designated doctor is not addressed in 28 Texas Administrative Code §126.7 or §134.120, effective on the date of service.

The Division finds that the insurance carrier’s denial for this reason is supported. Additional reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

May 29, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MFDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of this *Medical Fee Dispute Resolution Findings and Decision***, together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

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