



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Jack P. Mitchell, D.C.

Respondent Name

Key Risk Insurance Co.

MFDR Tracking Number

M4-25-1713-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 31, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 23, 2024	99080	\$100.00	\$0.00

Requester's Position

"DOS 10/23/24, code 99080 (1) unit represents copy of report for OIEC as requested by ... with OIEC on 10-22-24 and provided on 10-23-24 ...

"Documentation is noted in the SOAP on 10-23-24 release of a 2-page report by the request of OIEC. A copy of the SOAP note and request from OIEC for this service and signed patients release on 3-5-24 was sent with the claim for payment."

Amount in Dispute: \$100.00

Respondent's Position

"Our bill audit company has determined that no further payment is due ...

"The bill has been received three times. The initial review was denied as the bill was denied due to invalid information. The other two times it was received were denied as duplicates as the provider did not correct their billing.

"Upon review of the bill we aren't completely clear on what the provider is billing for. If it's for

copies of records, this is not billable under CPT code 99080.”

Response Submitted by: Gallagher Bassett

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.120](#) sets out the fee guidelines for medical documentation.
3. [28 TAC §276.11](#) governs the access of the Office of Injured Employee Council (OIEC) to an injured employee’s medical records.
4. [TLC §404.155](#) defines access to information for OIEC.

Denial Reasons

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

- 247-2(1) – Deductible for Professional service rendered in an institutional setting and billed on an institutional claim.
- 00663-1 – Reimbursement has been calculated based on the state guidelines.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- B13(90202) – Previously paid. Payment for this claim/service may have been provided in previous payment.

Issues

1. Is Jack P. Mitchell, D.C. entitled to reimbursement for the service in question?

Findings

1. Dr. Mitchell is seeking reimbursement for documentation submitted to the OIEC. While this service may be payable in accordance with TLC §404.155(b) and 28 TAC §276.11, reimbursement is determined by applying the guidelines found in 28 TAC §134.120, which states, in relevant part:

- (f) The reimbursements for medical documentation are:
- (1) copies of medical documentation--\$.50 per page;
 - (2) copies of hospital records--an initial fee of \$5.00 plus \$.50 per page for the first 20 pages, then \$.30 per page for records over 20 pages;
 - (3) microfilm--\$.50 per page;
 - (4) copies of X-ray films--\$8.00 per film;
 - (5) narrative reports:
 - (A) one to two pages--\$100;
 - (B) each page after two pages--\$40 per page.

The evidence presented to DWC is not sufficient to determine the type of documentation provided to OIEC. In its position statement, Dr. Mitchell described the service as "Copy of report." However, no copies of the relevant medical documentation, hospital records, microfilm, or x-ray films. DWC also found no evidence of a narrative report which explains "the assessment, diagnosis, and plan of treatment ... created at the written request of the insurance carrier" or DWC, as defined by subsection (g).

For the reasons stated above, DWC finds that Dr. Mitchell is not entitled to reimbursement for the service in question.

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 requestor has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 1, 2025

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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.