



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Bryce Kindley, D.C.

Respondent Name

Bankers Standard Insurance Co.

MFDR Tracking Number

M4-25-2419-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

June 2, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 7, 2025	99080	\$171.50	\$0.00

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: \$171.50

Respondent's Position

"The Respondent paid the provider in accordance with billing. Box 24G is the Units column. The Requestor entered '1' in this column. Payment for copying records is based on the number of pages. Nowhere on the billing do they identify the number of pages copied. A line-level comment is included to inform the provider how the billing was paid and what was needed... To date, the number of pages copied have not been identified. Respondent cannot pay \$0.50 per page without this information."

Response submitted by: Corvel

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [Texas Labor Code \(TLC\) §408.0041 and TLC §408.025](#) addresses designated doctor examinations and the treating doctors' responsibilities regarding reports and medical records.
3. [28 TAC §127.10](#) sets out the rules for submitting documentation to designated doctors.
4. [28 TAC §134.120](#) sets out the fee guidelines for medical documentation.

Denial Reasons

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

- 234 - This procedure is not paid separately.
- P12 - Workers' Compensation State Fee Schedule Adj
- W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAD BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- Comments: RULE 127.10(a)(1)(B) ADDRESSES REIMBURSEMENT FOR COPYING FEES FOR DD EXAM. RULE 134.120(f) PAYMENT FOR COPIES OF MEDICAL DOCUMENTATION IS \$0.50 PER PAGE. UNITS COLUMN LISTS "1".

Issues

1. Is the insurance carrier liable for reimbursement to the treating doctor for providing copies of medical records to a designated doctor?
2. Does the submitted evidence support the disputed charges as billed?
3. Is the requestor entitled to additional reimbursement for the disputed service?

Findings

1. This dispute involves reduced payment of charges billed by a treating doctor for the service of providing an injured employee's medical records to a designated doctor as ordered by DWC.

Texas Labor Code (TLC) §408.0041, states in pertinent part, "(c)The treating doctor and the insurance carrier are both responsible for sending to the designated doctor all of the injured

employee's medical records relating to the issue to be evaluated by the designated doctor that are in their possession."

Per 28 TAC §127.10 (a)(1), "...The treating doctor and insurance carrier must provide 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.

"(A) For subsequent examinations with the same designated doctor, the treating doctor and insurance carrier must provide only those medical records not previously sent.

"(B) The cost of copying must be reimbursed in accordance with §134.120 of this title (relating to Reimbursement for Medical Documentation)."

28 TAC §134.120 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"

DWC finds that in accordance with Texas Labor Codes and Texas Administrative Code Rules referenced above, the insurance carrier is liable for reimbursement to the treating doctor for providing copies of medical records to a designated doctor.

2. A review of the explanation of benefits (EOB) and the respondent position statement submitted finds that the insurance carrier reduced the total payment to \$0.50 out of \$172.00 charged for providing medical records to a designated doctor. The insurance carrier cites that the reduced payment is because the unit field, 24-G, on the medical bill is populated with "1" unit and because the number of pages copied has not been otherwise identified.

A review of the submitted bill for the disputed service finds that the requestor charged one unit of CPT code 99080, special reports and forms. In this case, CPT code 99080 represents the service of providing medical records to a designated doctor.

A review of the documentation submitted by both parties finds no evidence or explanation to support the charge of \$172.00 for providing copies of medical records, billed under CPT code 99080.

DWC finds that according to the greater weight of evidence submitted, the charges as billed in the amount of \$172.00 are not supported.

3. The requestor is seeking additional reimbursement in the amount of \$171.50 for copies of medical record documents sent to a designated doctor, as ordered by DWC, billed under CPT code 99080, on March 7, 2025. According to the explanation of benefits document submitted, the insurance carrier allowed reimbursement in the amount of \$0.50 out of \$172.00 charged.

Because the evidence submitted does not support the charges as billed in the amount of \$172.00, DWC finds that the requestor is not entitled to additional reimbursement.

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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement in the amount of \$0.00 for the service in dispute.

Authorized Signature

_____	_____	<u>June 23, 2025</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.