TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Federal Insurance Co.

MFDR Tracking Number
M4-25-1837-01

Carrier's Austin Representative
Box Number 17

DWC Date Received
April 10, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 7, 2025	Medical Documentation (99080)	$87.00	$87.00

Requestor's Position

"** AFTER RECONSIDERATION WE WERE AGAIN DENIED STATING 'MISSING REPORT, AND LACKS INFORMATION.' WE DISAGREE. WE HAVE ATTACHED DOCUMENTATION AND SUFFICIENT RULES SUPPORTING PAYMENT FOR SERVICES/DOCUMENTATION SUBMITTED PER TDI RULES. PLEASE PROCESS FOR PAYMENT.**
"**The above date of service was denied payment due to 'services included in value of another procedure and bundled.' This is incorrect**."

Amount in Dispute: $87.00

Respondent's Position

"Pursuant to Rule 134.120(e) the healthcare provider shall provide copies of any requested or required documentation to the Division at no charge. This supports our position that reimbursement is not owed to the provider as the records were required to be sent to the designated doctor per state order."

Response Submitted by: ESIS

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) §127.10 sets out general procedures for designated doctor examinations.

2. 28 TAC §133.210 sets out the requirements for medical documentation.

3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

4. 28 TAC §134.120 sets out the fee guidelines for medical documentation.

Denial Reasons

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

- 1 – Per the fee schedule, this service or supply is considered bundled.
- 2 (97) – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 3 (P14) – The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day.
- 4 – A technical Bill Review (TBR) has been performed. (ETBR)
- 5 (M15) – Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
- 6 – Services are included in the value of another procedure. (TBR13)
- 1 – Previous gross recommended payment amount on line: $0; Previous recommended payment amount on line: $0; DWC form required
- 2 – Please submit a copy of the report and the bill for our review (188)
- 3 – The appropriate modifier was not utilized (402)
- 4 (16) – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. (ANSI16)
- 5 (163) – Attachment/other documentation referenced on the claim was not received. (ANSI163)
- 6 (193) – Original payment decision is being maintained. This claim was processed properly the first time. (ANSI193)
- 7 (252) – An attachment /other documentation is required to adjudicate this claim/service. (ANSI252)
- 8 (4) – The procedure code is inconsistent with the modifier used or a required modifier is missing (ANSI4)
- 9 – This appeal is denied as we find the original review reflected the appropriate

allowance for the service rendered. We find that no additional recommendation is warranted at this time. (CIQ378)

- 10 (N714) – Missing report (RARCN714)

Issues

1. Is the insurance carrier's denial of payment based on bundling supported?

2. Is the insurance carrier's denial of payment based on missing documentation supported?

3. Is the insurance carrier's denial of payment based on billing error and missing modifier supported?

4. Is Peak Integrated Healthcare entitled to reimbursement for the service in question?

Findings

1. Peak Integrated Healthcare is seeking reimbursement for copies of documents sent to a designated doctor selected by DWC. The insurance carrier denied the charge, in part, based on bundling. DWC found no evidence of other services billed by this health care provider for the claimant on the date of service in question. Therefore, DWC finds that bundling does not apply. This denial reason is not supported.

2. The insurance carrier also denied payment based, in part, on missing documentation.

   28 TAC §127.10 does not require that the treating doctor simultaneously provide copies of all the injured employee's medical records that are sent to the designated doctor to the insurance carrier. If the insurance carrier requires additional documentation to process a medical bill, it must do so in accordance with 28 TAC §133.210. DWC notes that such a request may be subject to reimbursement in accordance with 28 TAC §134.120(a) and (b).

   DWC finds that this reason for denial of payment is not supported.

3. The insurance carrier also denied payment based, in part, on billing errors and missing modifier. DWC found no evidence to support this reason for denial of payment.

4. The insurance carrier argued that "Pursuant to Rule 134.120(e) the healthcare provider shall provide copies of any requested or required documentation to the Division at no charge. This supports our position that reimbursement is not owed to the provider as the records were required to be sent to the designated doctor per state order."

   28 TAC §134.120(e) states, "The health care provider shall provide copies of any requested or required documentation **to the Division** at no charge." [emphasis added] While the designated doctor examination is ordered by DWC, the designated doctor is not part of DWC. The documents were not provided "to the Division." This argument is not supported.

   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)." [emphasis added]

DWC finds that Peak Integrated Healthcare is entitled to reimbursement for the service in question. Per 28 TAC §134.120(f)(1), copies of medical documentation are reimbursed at $.50 per page. The documentation submitted to DWC with this dispute supports the requestor's claim that it provided 174 pages to the designated doctor.

The total reimbursement for the service in question is $87.00. 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 requestor has established that reimbursement of $87.00 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 Federal Insurance Co. must remit to Peak Integrated Healthcare $87.00 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	May 21, 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 electronico CompConnection@tdi.texas.gov.