



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated Health Care

**Respondent Name**

Twin City Fire Insurance Co.

**MFDR Tracking Number**

M4-25-1843-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

April 10, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 27, 2025	Medical Records	\$283.50	\$283.50

### Requestor's Position

\*\*\* AFTER RECONSIDERATION WE WERE AGAIN DENIED STATING 'NOT DEEMED MEDICAL NECESSITY.' 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 is not reimbursable for workers compensation injuries in this state.' This is incorrect."

**Amount in Dispute:** \$283.50

### Respondent's Position

"The original bill for dos 2/27/25 was received on 3/6/25 ... and denied on 10/22/24 as service is included in the payment/allowance for another service/procedure that has already been adjudicated."

**Response Submitted by:** The Hartford

## 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:

- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 243 – The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.
- 274 – Service is not reimbursable for workers' compensation injuries in this state.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

### Issues

1. Is the insurance carrier's denial based on bundling supported?
2. Is the insurance carrier's denial based on medical necessity supported?
3. Is the requestor 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 on medical necessity. 28 TAC §127.10 states,

in relevant part:

(a) Authorization to receive documents. The designated doctor is authorized under Labor Code §408.0041(c) to receive the injured employee's confidential medical records and analyses of the injured employee's medical condition, functional abilities, and return-to-work opportunities without a signed release from the injured employee to help resolve a dispute under this subchapter. The following requirements apply to the designated doctor's receipt of medical records and analyses:

(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... [emphasis added]

Because the treating doctor is required to send medical records to a designated doctor prior to an examination, the insurance carrier's denial for medical necessity is not supported.

3. Because the insurance carrier failed to support its denial of payment for the services in dispute, DWC finds that the requestor is entitled by 28 TAC §127.210(a)(2)(B) to reimbursement. This rule states, in relevant part, "The cost of copying must be reimbursed in accordance with §134.120 of this title."

Per 28 TAC §134.120(f)(1), copies of medical documentation are reimbursed at \$.50 per page. The greater weight of evidence submitted to DWC with this dispute supports the requestor's claim that it provided 567 pages to the designated doctor.

The total reimbursement for the service in question is \$283.50. 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 requestor has established that reimbursement of \$283.50 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 Twin City Fire Insurance Co. must remit to Peak Integrated Health Care \$283.50 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

\_\_\_\_\_  
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](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 three 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 tres o correo electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).