



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated Health Care

**Respondent Name**

Standard Fire Insurance Co.

**MFDR Tracking Number**

M4-25-2033-01

**Carrier's Austin Representative**

Box Number 05

**DWC Date Received**

April 30, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 14, 2025	99080	\$43.50	\$43.50

### Requestor's Position

\*\*\*AFTER RECONSIDERATION WE WERE AGAIN DENIED STATING 'EXACT DUPLICATE CLAIM/SERVICE' WE DISAGREE, WE HAVE ATTACHED DOCUMENTATION AND SUFFICIENT RULES SUPPORTING PAYMENT FOR SERVICES/DOCUMENTATION SUBMITTED PER TDI RULES ...

"The above date of service was denied payment due to 'CARRIER DOES NOT REIMBURSE FOR RECORDS DELIVERED TO DD BY PROVIDER' This is incorrect."

**Amount in Dispute:** \$43.50

### Respondent's Position

"As documented by both the OA32 Designated Doctor appointment notice and the e-mail confirmation to ExamWorks dedicated Designated Doctor records e-mail address, these records were submitted to the Designated Doctor under Division order ... There is no reimbursement by the carrier for records sent to the Designated Doctor.

"The Carrier contends the Provider is not entitled to additional reimbursement."

**Response Submitted by:** Travelers

## 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 §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [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:

- 96 – Non-covered charge(s).
- 242 – According to the fee schedule. This charge is not covered.
- 18 – Exact duplicate claim/service.
- 247 – A payment or denial has already been recommended for this service.
- DUPL – These services have already been considered for reimbursement.

### Issues

1. 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 payment stating that this is not a covered charge. 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]
- (2) The cost of copying **must be reimbursed** in accordance with §134.120 of this title. [emphasis added]

DWC finds that the services in question are covered under 28 TAC §127.10(a)(1) for reimbursement.

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 requester's claim that it provided 87 pages to the designated doctor.

The total reimbursement for the service in question is \$43.50. 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 \$43.50 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 Standard Fire Insurance Co. must remit to Peak Integrated Health Care \$43.50 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	June 12, 2025 _____ Date
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## **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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).