



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

Great American Alliance

**MFDR Tracking Number**

M4-25-2270-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 19, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 17, 2025	99080	\$43.00	\$43.00

### Requestor's Position

"The above date of service was denied payment due to 'workers compensation jurisdictional fee adjustment.' This is incorrect... And according to 28 Tex. Admin. Code § 134.120 - Reimbursement for Medical Documentation (f) The reimbursements for medical documentation are: (1) copies of medical documentation--\$.50 per page. Therefore, these charges for reimbursement for medical documentation should be paid in full."

**Amount in Dispute:** \$43.00

### Respondent's Position

"I am not aware of a rule that specifically states the carrier is required to reimburse a medical provider for sending the record to a Designated Doctor."

**Response submitted by:** Great American Insurance Group

## 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 denied the payment for the disputed service with the following claim adjustment codes:

- 16 – CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION ERRORS.
- 270 – NO ALLOWANCE HAS BEEN RECOMMENDED FOR THIS PROCEDURE/SERVICE/SUPPLY. PLEASE SEE SPECIALTY NOTE BELOW.
- 350 – BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAD BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 270: CARRIER DOES NOT ALLOW REIMBURSEMENT FOR RECORDS DELIVERED TO THE DESIGNATED DOCTOR BY THE PROVIDER.

### Issues

1. Is the insurance carrier liable for reimbursement to the treating doctor for providing copies of medical records to a designated doctor?
2. Are the insurance carrier's reasons for denial of payment supported?
3. Is the requestor entitled to reimbursement for the disputed service?

### Findings

1. This dispute involves non-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) documents submitted finds that the insurance carrier denied payment to the requestor for the service in dispute stating, "Carrier does not allow reimbursement for records delivered to the designated doctor by the provider."

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

Therefore, DWC finds that the insurance carrier's reason for denial of the disputed service is not supported.

3. The requestor is seeking reimbursement in the amount of \$43.00 for copies of medical record documents sent to a designated doctor, as ordered by DWC, billed under CPT code 99080, on March 17, 2025.

Because the insurance carrier's denial of payment for the disputed service of providing copies of medical records to a designated doctor is not supported, DWC finds that the requestor is entitled to reimbursement in accordance with 28 TAC §134.120 (f), which sets the rate at \$0.50 per page.

A review of the submitted documentation finds a DWC Commissioner’s Order dated March 7, 2025, ordering that the treating doctor provide medical record copies to a designated doctor. The review of submitted documents further finds that the requestor provided 86 pages of medical records to the designated doctor as ordered by DWC.

DWC finds that, in accordance with 28 TAC §134.120 (f), the requestor is entitled to reimbursement of \$0.50 per page in the total amount of \$43.00 for the service in dispute.

The insurance carrier paid \$0.00 for the disputed service. Thus, DWC recommends reimbursement to the requestor in the amount of \$43.00 for the service of providing medical records to the designated doctor on March 17, 2025.

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 is due in the amount of \$43.00.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the service in dispute. It is ordered that the Respondent, Great American Alliance, must remit to the Requestor, Peak Integrated Healthcare, \$43.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

_____	_____	<u>June 10, 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](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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).