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

General Information

Requester Name
Peak Integrated Healthcare

Respondent Name
Twin City Fire Insurance Co.

MFDR Tracking Number
M4-25-2583-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
June 19, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 9, 2025	99080	$322.00	$322.00

Requester'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 ...

"**The above date of service was denied payment due to 'services is not reimbursable for workers compensation injuries in this state.' This is incorrect. Per Labor Code Secition 404.155**"

Amount in Dispute: $322.00

Respondent's Position

"The original bills for dos 5/925 [sic] was received on 5/12/25 ... denied as the value of this procedure is included/bundled within the value of another procedure performed and the benefit for this service is included in the payment/allowance for another services/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 §133.307 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 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.
- TX73 – No max allow defined by fee guide. Values for DOP Prog shall be determined by written doc. Attached to the bill per gen instructs Texas Med Fee Guide. If doc was recvd payment is based on usual reasonable & cust for zip code.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. 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 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 644 pages to the designated doctor.

The total reimbursement for the service in question is $322.00. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of $322.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Twin City Fire Insurance Co. must remit to Peak Integrated Healthcare $322.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		July 17, 2025
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 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.