



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Peak Integrated Healthcare

**Respondent Name**

Federated Reserve Insurance Co

**MFDR Tracking Number**

M4-25-3099-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

July 28, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 25, 2025	99080 Medical Documentation	\$50.00	\$0.00
<b>Total</b>		\$50.00	\$0.00

### Requester's Position

"Carrier is not reimbursing according to the attached REIMBURSEMENT FOR MEDICAL DOCUMENTATION."

**Amount In Dispute:** \$50.00

### Respondent's Position

"Rule 134.120 is titled reimbursement for medical documentation. That rule covers subsections a through g. That rule and its subsections do not require that a carrier reimbursed the provider for documents that the provider sent to the designated doctor ... The provider is not entitled to any reimbursement."

**Response Submitted By:** Flahive, Ogden & Latson

## Findings and Decision

### Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [127.10](#) provides the general procedures for designated doctor examinations.
3. 28 TAC Section [133.10](#) sets out the requirements for a complete medical bill.
4. 28 TAC Section [134.120](#) sets out the fee guidelines for medical documentation.
5. 28 TAC Section [134.203](#) sets out the fee guidelines for professional medical services.

### Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
2. H39 – No allowance was recommended as this procedure has a Medicare status of "B" (Bundled).

### Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial of payment supported?
3. Is the requester entitled to reimbursement?

### Findings

1. The requester is seeking reimbursement of \$50.00 for sending medical documentation to a designated doctor billed with procedure code 99080 for one unit on date of service March 25, 2025. The insurance carrier denied payment in full. DWC will review this service for reimbursement.
2. Per explanations of benefits dated March 25, 2025, and June 27, 2025, the insurance carrier denied payment stating, "No allowance was recommended as this procedure has a Medicare status of "B" (Bundled)," and "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

Although DWC adopts Medicare payment policies by reference in applicable rule 28 TAC §134.203, the relevant portion of paragraph (a)(7) of that rule states that specific provisions contained in the Texas Labor Code or DWC rules shall take precedence over any conflicting provision adopted or utilized by CMS in administering the Medicare program.

DWC finds that the CMS provision that bundles the service in question is in direct conflict with 28 TAC Section 127.10(a)(1), which states, in relevant part, "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 ... (B) The cost of copying must be reimbursed in accordance with §134.120 of this title ..."

DWC finds that submission of medical documents to a designated doctor is a covered service and not subject to Medicare bundling. The insurance carrier's denial of payment for this reason is not supported.

3. In reviewing the submitted documentation, DWC finds that the requester did not support submission of documents to the designated doctor on date of service March 25, 2025. Therefore, DWC finds that the requester is not entitled to the requested reimbursement.

### Conclusion

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

DWC finds the requester has not established that reimbursement is due.

## **Order**

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 2, 2026

\_\_\_\_\_  
Date

## **Your Right to Appeal**

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).