TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Peak Integrated Healthcare

Respondent Name

Hartford Fire Ins Co

MFDR Tracking Number

M4-26-1827-01

Insurance Carrier's Austin Representative

BOX 47 Burns Anderson Jury Brenner & Donovan

DWC Date Received

February 23, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 14, 2026	99080	$241.50	$144.00
	Total	$241.50	$144.00

Requester's Position

"...these charges for reimbursement for medical documentation should be paid in full".

Amount In Dispute: $241.50

Respondent's Position

"After further review of the documentation submitted with this dispute, there is no additional amount warranted. The original bill for dos 1/14/26 was received on 1/14/26... ...denied as bundled/included as the system could not identify a separate procedure without a modifier. CPT code 99080 requires a modifier".

Response Submitted By: The Hartford

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 133.210 sets out the requirements for medical bill processing by insurance carrier.
4. 28 TAC Section 133.10 sets out the requirements for a complete medical bill.
5. 28 TAC Section 134.120 sets out the fee guidelines for medical documentation.

Adjustment Reasons

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

- 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.
- W3 – Bill is a reconsideration or appeal.
- 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 injures in this state.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial based on medical necessity supported?
3. Is the insurance carrier's denial based on bundling supported?
4. Is the insurance carrier's response to MFDR supported?

5. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement of $241.50 for sending medical documentation to a designated doctor billed with procedure code 99080 for 483 units of service on date of service January 14, 2026. The insurance carrier denied payment in full. DWC will review this service for reimbursement.

2. The insurance carrier denied payment, in part, stating that the service "is not deemed a 'medical necessity' by the payer". Because the service in question is providing medical records to a designated doctor as ordered by DWC, medical necessity does not apply. This denial reason is not supported.

3. The insurance carrier also denied payment, in part, stating that the service "is included in the payment/allowance for another service/procedure", and "was not paid since the value of this procedure is included/bundled within the value of another procedure performed".

   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.

4. The insurance carrier responded to MFDR stating, "CPT code 99080 requires a modifier". The applicable rules shown above do not indicate that a modifier is required for medical records submitted to the designated doctor for an examination. This denial is not supported and will not be considered in this review.

5. DWC finds that 28 TAC Section 133.307(c)(2)(J) requires the requester to include "a copy of all medical bills related to the dispute". Additionally, 28 TAC Section 127.10(a)(1)(A)(B) states in pertinent 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.

   (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 Section 133.210(a) defines medical documentation to include all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes hospital records and diagnostic results.

The requester billed 483 units to indicate the number of pages of medical documentation sent to this email address, admin@unitedevels.com on January 13, 2026.

DWC finds that 214 pages do not qualify as medical documentation and are, therefore, not reimbursable. The remaining, 288 pages are considered for payment in this review.

28 TAC Section 134.120(f)(1) states that reimbursement for copies of medical documentation is $.50 per page. The total allowable reimbursement for 288 qualifying pages of medical documentation is 288 x $.50 = $144.00. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 established that reimbursement is due.

Order

Under Texas Labor Code Sections 413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Hartford Fire Insurance Co must remit to Peak Integrated Health services $144.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

		June 3, 2026
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 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. 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.

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 electronico CompConnection@tdi.texas.gov.