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

XL Specialty Insurance Company

MFDR Tracking Number

M4-26-1966-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

March 11, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 15, 2026	99080	$101.50	$72.00
	Total	$101.50	72.00

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Corrected Billing" dated February 12, 2026 and March 10, 2026 that states, "The above dates of service were incorrectly billed for. The HCFA has been corrected for the type of service that was performed."

Amount In Dispute: $101.50

Respondent's Position

"...DWC Rule 134.120 does not require an insurance carrier to reimburse a provider for copies of records printed and mailed to a designated doctor. Subsection (b) requires the insurance carrier to pay for the records if the insurance carrier requests the records. There is no provision which requires the insurance carrier to reimburse a health care provider for records submitted to a designated doctor. ...In conclusion, Respondent does not owe the Requestor for emailing records to the designated doctor."

Response Submitted By: Downs & Stanford, P.C.

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:

- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the respondent's position statement supported?
3. What rule is applicable to reimbursement?
4. Has DWC determined whether additional reimbursement is due to the requester?

Findings

1. The requester is seeking reimbursement of $101.60 for sending medical documentation to a designated doctor billed with procedure code 99080 for 203 units on date of service January 15, 2026. The insurance carrier denied payment in full. DWC will review this service for reimbursement.
2. An explanation of benefits dated March 2, 2026, denied payment stating, "…no additional

allowance appears to be warranted." The respondent states in their position statement, "There is no provision which requires the insurance carrier to reimburse a health care provider for records submitted to a designated doctor."

28 TAC Section 127.10(a)(1) 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. The insurance carrier's denial of payment and the respondent's position is not supported and will not be considered in this review.

3. In a document dated January 15, 2026, submitted as evidence, the requester indicated that it submitted "203 pages of medical records."

   The requester billed 203 units to indicate the number of pages of medical documentation sent to desdocrecords@examworks.com. The definition of medical documentation is found in 28 TAC Section 133.210(a) which states, Medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results.

   After reviewing these records, DWC finds that 59 pages do not qualify as medical documentation and are, therefore, not reimbursable.

   Per 28 TAC Section 134.120(f)(1) reimbursement for copies of medical documentation is $.50 per page. The total allowable reimbursement for 144 qualifying pages of medical documentation is $72.00.

4. After reviewing the available information and DWC rules and fee guidelines, DWC finds the requester is due $72.00 for the services in dispute billed under code 99080 for date of service January 15, 2026.

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 XL Specialty Insurance Co

must remit to Peak Integrated Health Services $72.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

		June 8, 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.