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

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-1968-01

Insurance Carrier's Austin Representative

BOX 54 Texas Mutual Insurance Co

DWC Date Received

March 11, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 30, 2025	99080	$69.00	$41.00
	Total	$69.00	$41.00

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Reconsideration/Corrected Billing" dated February 6, 2026 and March 9, 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: $69.00

Respondent's Position

"...Per Rule 134.120(e) The health care provider shall provide copies of any requested or required documentation to the Division at no charge. Our position is that no payment is due."

Response Submitted By: Texas Mutual

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 134.120 sets out the fee guidelines for medical documentation.
5. 28 TAC Section 129.5 sets out the billing requirements of work status reports.
6. Labor Code Section 408.0041 details designated doctor examinations.

Adjustment Reasons

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

- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 249 – DWC-73 not submitted: Not properly completed and/or missing required signature or missing modifier. Reimbursement denied per Rule 129.5
- CAC-W3/350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 892 – Denied in accordance with DWC Rules and/or medical fee guideline including current CPT code descriptions/instructions.

Issues

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

Findings

1. The requester seeks reimbursement of $69.00 for medical documentation provided to a designated doctor, billed under procedure code 99080 for 138 units on December 30, 2025. The insurance carrier denied the charge in its entirety. DWC will review the submitted service and determine whether reimbursement is warranted.

2. The respondent states in their position statement, “Per Rule 134.120(e) The health care provider shall provide copies of any quested or required documentation to the Division at no charge.”

   28 TAC Section 127.10 states, in relevant parts: (a) Authorization to receive documents. The designated doctor is authorized under Labor Code Section 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].

   A review of the submitted documentation finds a DWC Commissioner’s Order dated December 1, 2025, ordering that the treating doctor provide medical record copies to a designated doctor.

   Therefore, DWC finds that the services in question are covered under 28 TAC Section 127.10(a)(1) for reimbursement. The respondent’s position is not supported.

   Because the insurance carrier has not provided sufficient support for its denial of payment for copies of medical records furnished by the treating doctor to a designated doctor, DWC finds that the requester is entitled to reimbursement. Reimbursement shall be calculated in accordance with 28 TAC Section 134.120(f), which establishes a reimbursement rate of $0.50 per page.

3. The explanation of benefits dated January 30, 2026, denied the disputed services on the basis that DWC-73 was not properly completed and was missing a required modifier under Rule 129.5. However, as discussed above, the rules governing reimbursement for medical documentation are not contained within Rule 129.5. Therefore, the insurance carrier's denial is not supported.

4. 28 TAC Section 134.120(f)(1) states that the reimbursement for copies of medical documentation is $.50 per page. In a document dated December 30, 2025, submitted as

evidence, the requester indicated that it submitted "138 pages of medical records."

The requester billed 138 units to indicate the number of pages of medical documentation sent to records@disabilityexamconsultants.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.

DWC finds that 56 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 82 qualifying pages of medical documentation is $41.00.

5. Based on a review of the submitted documentation and applicable fee guidelines, DWC finds that the insurance carrier's denial based on the absence of a modifier is not supported. Additionally, the insurance carrier's position that the disputed services should be provided at no charge is not supported by the applicable rules. Accordingly, DWC concludes that reimbursement is warranted and that the requester is entitled to payment in the amount of $41.00, representing reimbursement for 82 qualifying pages at the rate established by the applicable DWC fee guideline.

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 Texas Mutual must remit to Peak Integrated Health Services $41.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	June 8, 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. 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.