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

General Information

Requester Name

Peak Integrated Health Services

Respondent Name

Property & Casualty Ins Co of Hartford

MFDR Tracking Number

M4-26-2290-01

Insurance Carrier's Austin Representative

BOX 47 Burns Anderson Jury Brenner & Donovan

DWC Date Received

April 13, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 19, 2026	99080	$372.00	$233.00
	Total	$372.00	$233.00

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Request for Reconsideration" dated March 24, 2026 and April 13, 2026 that states, "The above date of service was denied payment due to "requires a modifier code" WE DISAGREE. It does not require a modifier. This is incorrect."

Amount In Dispute: $372.00

Respondent's Position

"The original bill for dos 2/19/26 was received on 2/25/26 under control number 223894119 and denied as the procedure code is inconsistent with the modifier use or a required modifier is missing.

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:

- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 10 – The billed service requires the use of a modifier code.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

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

Findings

1. The requester is seeking reimbursement of $372.00 for sending medical documentation to a designated doctor billed with procedure code 99080 for 744 units on date of service

February 19, 2026. The insurance carrier denied payment in full. DWC will review this service for reimbursement.

2. An explanation of benefits dated March 5, 2026, denied payment stating, "The billed service requires a modifier." This denial was maintained upon reconsideration and presented in the carrier's response to MFDR.

   Insufficient evidence was submitted by the insurance carrier in support of this denial. Therefore, the insurance carrier's denial of payment for this reason is not supported.

3. 28 TAC Section 134.120(f)(1) states that the reimbursement for copies of medical documentation is $.50 per page. In a document dated February 19, 2026 submitted as evidence, the requester indicated that it submitted "744 pages of medical records."

   The requester billed 744 units to indicate the number of pages of medical documentation sent to medicalrecords@genesismms.co.

   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 278 pages do not qualify as medical documentation and are, therefore, not reimbursable.

   28 TAC Section 134.120(f)(1) states that reimbursement for copies of medical documentation is $.50 per page. The total allowable reimbursement for 466 qualifying pages of medical documentation is $233.00.

4. Review of the available information at the time of this review found not all the documents submitted by the requester met the definition of medical documentation found in Rule 133.210(a).

   The submitted documentation contained 466 page of qualifying documentation.

   The recommended payment due to the requester is $233.00.

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 Property & Casualty Ins Co must remit to Peak Integrated Health Services $233.00 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.