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

Technology Insurance Co

MFDR Tracking Number

M4-26-2431-01

Insurance Carrier's Austin Representative

BOX 17 Downs Stanford PC

DWC Date Received

April 7, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 10, 2026	99080	$79.00	$38.50
	Total	$79.00	$38.50

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/Corrected Billing" that states, "After reconsideration we were again denied stating duplicate and workers com jurisdictional fee adjustment. This is incorrect and we have not been paid for allowable charges."

Amount In Dispute: $79.00

Respondent's Position

"First, Requestor did not copy the records and send paper copies to the designated doctor. They sent an email of the records. Therefore, they did not incur any cost of copying the records. Additionally, 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 In fact, a previous rule, 133.2 which required those reimbursements was repealed in 2006. In conclusion, Respondent does not owe the Requestor for emailing records to the designated doctor."

Response Submitted By: Downs Stanford

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:

- 18 – Exact/duplicate claim/service
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 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 respondent's position supported?
3. What rule applies to reimbursement?

Findings

1. The requester is seeking reimbursement of $79.00 for the submission of medical documentation to a designated doctor, billed under procedure code 99080 for 158 units, with a date of service of February 10, 2026. The insurance carrier denied payment in full. DWC will review the service to determine whether reimbursement is warranted.

2. 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 position statement 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 10, 2026 submitted as evidence, the requester indicated that it submitted "158 pages of medical records."

   The requester billed 158 units to indicate the number of pages of medical documentation sent to Nicole Foster at Dr. Al-Sahli.

   The definition of medical documentation is found in 28 TAC Section 133.210 (a) 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 81 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 77 qualifying pages of medical documentation is $38.50. 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 XL Specialty Insurance Co must remit to Peak Integrated Healthcare $38.50 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 17, 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.