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

Starr Specialty Insurance Co

MFDR Tracking Number

M4-26-2692-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

May 28, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 13, 2026	99080	$55.00	$37.00
	Total	$55.00	$37.00

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 April 21, 2026 and May 28, 2026 that states, "The above date of service was denied payment due to "medicare has status of B bundled" This is incorrect. It does not require to be bundled."

Amount In Dispute: $55.00

Respondent's Position

"The bills in question were escalated and review completed. Our bill audit company has determined that no further payment is due. ...Rationale: Work Status Report shall be billed with modifier 73 and reimbursed at a rate of $15."

Supplemental response submitted June 24, 2026

"Without the state required modifier, the line will deny correctly per the status code "B". Work Status Report shall be billed with modifier 73 and reimbursed at a rate of $15.00 Per the state guideline the work status reports are billed with the modifier "73"

Response Submitted By: Gallagher Bassett

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:

- 00663 – Reimbursement has been calculated based on the state guidelines.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- XXH39 – 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. 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 $55 for medical documentation provided to a designated doctor, billed under procedure code 99080 for 110 units on March 13, 2026. The insurance carrier denied the charge in its entirety. DWC will review the submitted service and determine whether reimbursement is warranted.

2. The respondent's position statement states, "Work Status Report shall be billed with the modifier 73." 28 TAC Section 129.5. (j)((1) states, CPT code "99080" with modifier "73" shall be used when the doctor, delegated physician assistant, or delegated advanced practice registered nurse is billing for a report required under subsections (e)(1), (e)(2), and (g) of this section;

   Code 99080 is defined as, "Special reports such as insurance forms."

   Review of the information submitted with this medical bill indicates these services are related to a TDI Division of Workers' Compensation Commissioner's Order to Dr. Bryce R. Kindley to send medical records for the injured worker to Genesis – Designated Doctor exam by Dr. James Wellington. Therefore, the respondent's position that the 73 modifier is required is not supported as the 73 modifier is specific to work status reports.

3. Regarding the denials presented on the explanation of benefits of packaging and bundled service. 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].

   As stated above, the submitted documentation finds a DWC Commissioner's Order dated February 27, 2026, 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 denials are 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.

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 March 13, 2026, submitted as evidence, the requester indicated that it submitted "I have attached 110 pages of medical records..."

   The requester billed 110 units to indicate the number of pages of medical documentation sent to medicalrecords@genesismms.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."

   The requester reports 110 pages submitted as medical records. However, the requester submitted a total of 126 pages with this request for MFDR without an explanation of which documents they considered medical records. After careful review of the submitted documents, DWC finds that 52 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 74 qualifying pages of non-duplicated medical documentation is $37.00.

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. DWC concludes that reimbursement is warranted and that the requester is entitled to payment in the amount of $37.00, representing reimbursement for 74 non-duplicated 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 Starr Specialty Insurance Co must remit to Peak Integrated Health Services $37.00 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 30, 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.