



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

EAVES, JASON LEVON

Respondent Name

HARTFORD UNDERWRITERS INSURANCE

MFDR Tracking Number

M4-20-1664-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

March 6, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "\$100 was billed for 99456 with the modifiers W5 and MI. This \$100 represents the charge for 2 additional impairments (3 impairments were included) at \$50 per additional impairment."

Amount in Dispute: \$50.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The date of service in dispute regarding CPT 99456 MI was previously reimbursed in accordance with 28 TAC §§134.240 and §§134.250 regarding Designated Doctor Examinations and Maximum Medical Improvement/Impairment Rating. No additional reimbursement is recommended."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 5, 2019	Designated Doctor Examination – Multiple Impairments	\$50.00	\$50.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
3. The insurance carrier reduced payment for the disputed service citing fee guidelines.

Issues

Is Jason Levon Eaves, D.C. entitled to additional reimbursement for the service in question?

Findings

Dr. Eaves is seeking an additional \$50.00 for providing multiple impairments in association with an examination to determine maximum medical improvement, impairment rating, and the extent of the compensable injury. This examination was ordered by the DWC.

The narrative report and enclosed forms support that these evaluations were performed, and two additional impairment ratings were provided. Therefore, the correct MAR for this service is \$100.00.¹ Hartford Underwriters Insurance paid \$50.00. An additional \$50.00 is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$50.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the DWC has determined the requestor is entitled to additional reimbursement for the disputed services. The DWC hereby ORDERS the respondent to remit to the requestor \$50.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Laurie Garnes	XXX
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 in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

¹ 28 TAC §134.250(4)(B)