



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Patrick Waikem, D.C.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-22-0358-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

October 21, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 15, 2021	Designated Doctor Examination (Maximum Medical Improvement and Impairment Rating)	\$1,300.00	\$650.00

Requestor's Position

We seek full reimbursement for the outstanding balance of \$650.00 along with interest accrued according to Rule 134.803 ...

Amount in Dispute: \$1,300.00

Respondent's Position

In review of the billing submissions, the Office found that the provider had submitted an initial bill on 2/26/21 where it was determined that an ICD010 code billed (Box 21 B) was invalid as it was missing an alpha character, the bill was returned to the provider for corrections as these are code(s) that the carrier is not allowed to correct.

Although the provider indicates that a bill was submitted on 4/14/21, the fax confirmation shows 4 pages was sent. The Office researched our faxes and did not locate the medical bill (CMS1500) being received on this date for this claim from the requestor ...

The Office finds its first receipt of a legible complete medical bill was received on 8/10/21 where an audit was performed, and charges were denied for 29-Time limit for filing has expired as it was received on the 206th day from date of service.

Response Submitted by: State Office of Risk Management

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code §133.10 sets out the procedures for complete medical bills.
2. 28 TAC §133.20 sets out the requirements for submission of medical bills.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 29 – The time limit for filing has expired
- 18 – Exact duplicate claim/service
- Notes: "The provider has resubmitted this bill, but has removed/changed the diagnosis code, CPT/HCPCS code(s), modifier, POS and/or total bill charge amount, thus making it a new bill and subject to the 95 day timely filing rule.
- 193 – Original payment is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. Is State Office of Risk Management's denial based on timely filing supported?
2. Is Patrick Waikem, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Waikem is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. State Office of Risk Management denied payment for the examination based on timely filing.

Per 28 TAC §133.20 (b), "... a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided ..."

The date of service for the examination in question was January 15, 2021. Submitted evidence supports that Dr. Waikem submitted a medical bill on February 26, 2021. The insurance carrier returned this bill indicating that one of the two listed diagnosis codes was invalid.

28 TAC §133.10 (f)(1)(M) states that "diagnosis or nature of injury (CMS-1500/field 21) is required, at least one diagnosis code and the applicable ICD indicator must be present."

DWC finds that the submitted documentation supports that a complete medical bill was submitted for the examination in question on or about February 26, 2021. The insurance carrier's denial for this reason is not supported.

2. Because the insurance carrier's denial was not supported, DWC finds that Dr. Waikem is entitled to reimbursement.

The submitted documentation supports that Dr. Waikem performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Waikem performed an impairment rating evaluation of the left knee with range of motion testing. The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

DWC finds that the total reimbursement for the examination in question is \$650.00. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has established that additional reimbursement of \$650.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that State Office of Risk Management must remit to Patrick Waikem, D.C. \$650.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 10, 2021

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §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 1-800-252-7031, option 3 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 the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.