

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Donald G. Eaves, D.C.

**Respondent Name**

Starr Indemnity & Liability Co.

**MFDR Tracking Number**

M4-23-0051-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

September 6, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 11, 2021	Designated Doctor Examination 99456-W5-NM	\$350.00	\$350.00
	Designated Doctor Examination 99456-W8-RE	\$500.00	\$500.00
<b>Total</b>		<b>\$850.00</b>	<b>\$850.00</b>

### Requestor's Position

The report and billing were timely delivered to the insurance carrier billing department/adjuster listed on the DWC 32 form via fax on 12/27/2021 ... a reconsideration was requested on 02/23/2022 with copies of the fax confirmations of the initial submission attached.

**Supplemental Statement:** A review of that EOB he presented reflects it is in response to the original bill date of 12/27/2021. To date, this alleged reimbursement has not been received by this office.

**Amount in Dispute:** \$850.00

### Respondent's Position

The provider billed \$850 ... the carrier processed the provider's bill on May 25, 2022 and issued payment to the provider in the amount of \$850 which is the amount that the provider is claiming

... The carrier agrees with the \$850 billed amount and has issued payment in that amount.

**Response Submitted by:** Flahive, Ogden & Latson

## **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 §133.20 sets out the procedures for submitting a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.235 sets out the fee guidelines for examinations to determine ability to return to work.
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 paid the charges in full, but included the following claim adjustment codes:

- 90096 (29) – The time limit for filing has expired.
- 4271 – Per Tx Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

### Issues

1. Is Starr Indemnity & Liability Co.'s denial of payment based on timely filing supported?
2. Is Donald G. Eaves, D.C. entitled to reimbursement for the services in question?

### Findings

1. Dr. Eaves is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, and ability to return to work. Dr. Eaves stated that he did not receive payment or an explanation of benefits.

Evidence submitted supports that Gallagher Bassett recommended reimbursement in full on or about May 25, 2022 on behalf of Starr Indemnity & Liability Co. In a supplemental statement, Dr. Eaves submitted a letter dated August 10, 2022, from Coventry as an "authorized agent of Gallagher Bassett," requesting a refund stating that the "bills did not meet the timeline cutoff of 95 days."

The greater weight of evidence provided to DWC supports that Dr. Eaves submitted the bill for the examination in question to the insurance carrier on or about December 27, 2021. This is less than 95 days from the date of service in accordance with §133.20 (a).

Therefore, DWC finds this argument is not supported.

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

The submitted documentation indicates that Dr. Eaves performed an examination to determine the ability return to work. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The total allowable reimbursement for the examination in question is \$850.00. On DWC requested evidence that the health care provider received payment, such as a cancelled check. As of this date, DWC has not received the requested information. Therefore, a reimbursement of \$850.00 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 requester has established that additional reimbursement of \$850.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Starr Indemnity & Liability Co. must remit to Donald G. Eaves, D.C. \$850.00 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

April 20, 2023  
\_\_\_\_\_  
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).