

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Donald G. Eaves, D.C.

Respondent Name

Charter Oak Fire Insurance Co.

MFDR Tracking Number

M4-23-1168-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

January 21, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 5, 2022	Designated Doctor Examination 99456-W5-WP	\$800.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$50.00	\$0.00
Total		\$850.00	\$0.00

Requestor's Position

I performed a Designated Doctor Evaluation on 08/05/2022 as directed by the TDI DWC in the order dated 06/10/2022 at the request of the insurance carrier for the purpose of maximum medical improvement and impairment rating. The report and billing were timely delivered to the insurance carrier billing department/adjuster listed on the DWC 32 form via fax on 09/05/2022.

Amount in Dispute: \$850.00

Respondent's Position

The Carrier has reviewed the documentation and agrees the Provider is entitled to reimbursement. The Carrier is issuing reimbursement in accordance with the applicable Division-adopted medical fee schedule.

Response Submitted by: Travelers

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 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.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

Issues

1. Did Charter Oak Fire Insurance Co. maintain its denial of payment for the services in question?
2. Is Donald G. Eaves, D.C. entitled to additional reimbursement?

Findings

1. Dr. Eaves is seeking reimbursement for a designated doctor examination performed on August 5, 2022. Per explanation of benefits dated December 16, 2022, the insurance carrier denied payment based on timely filing.

In its response, Travelers stated that the insurance carrier "agrees the Provider is entitled to reimbursement." Therefore, the insurance carrier did not maintain its denial of payment for the services in question.

2. The submitted documentation supports that Dr. Eaves performed an evaluation of maximum medical improvement (MMI) 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. Eaves performed an impairment rating evaluation of the right and left legs with range of motion testing. 28 TAC §134.250 (4)(C)(i) defines musculoskeletal body areas for the purpose of impairment rating as follows:

- (I) spine and pelvis;
- (II) upper extremities and hands; and
- (III) lower extremities (including feet).

The examining doctor may bill for a maximum of three body areas as defined above. Therefore, the right and left legs are considered one body area.

The rule at 28 TAC §134.250 (4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of one musculoskeletal body area performed with range of motion is \$300.00.

DWC requires a designated doctor who is simultaneously requested to address MMI, impairment rating, and the extent of the compensable injury in a single examination, to provide multiple certifications of MMI and impairment ratings that consider each reasonable outcome for the extent of the injury. See 28 TAC §127.10 (d).

According to 28 TAC §134.250 (4)(B), when multiple impairment ratings are required as a component of a designated doctor examination, the doctor shall be reimbursed \$50.00 for each additional impairment rating calculation.

No evidence was provided to support that Dr. Eaves was ordered to perform an examination to determine the extent of the compensable injury. Therefore, multiple impairments were not required as a component of the designated doctor examination. No reimbursement can be recommended for this service.

The total allowable reimbursement for the examination in question is \$650.00. Per explanation of benefits dated February 8, 2023, the insurance carrier reimbursed this amount. No additional reimbursement 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 28, 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. 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.