



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jason Eaves, D.C.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-23-2252-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

May 10, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 10, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$500.00	\$0.00
Total		\$1,150.00	\$0.00

Requestor's Position

"\$650.00 was billed for this designated doctor evaluation. \$350.00 of the bill represents the MMI portion of the exam, and \$300 for the IR portion. The bill, designated doctor report, DWC069, and the DWC073 were faxed on 8/12/2022. No EOB was received; however, the bill was returned with a letter that indicated that the bill was returned because box 24j was not filled out ...

"According to Texas Administrative Code, ... RULE § 133.10(f)(1)(U), 'rendering provider's state license number (CMS-1500/field 24j, shaded portion) is required when the rendering provider is not the billing provider listed in CMS-1500/field 33; the billing provider shall enter the 'OB' qualifier and the license type, license number, and jurisdiction code ...

"CMS-1500/field 24j, shaded portion was left blank on te original bill because it is not required, as I am the rendering and billing provider.

"According to Texas Administrative Code, ... RULE § 133.10(f)(1)(EE), "billing provider's state license number (CMS-1500/field 33b) is required when the billing provider has a state license number; the billing provider shall enter the 'OB' qualifier and the license type, license number, and jurisdiction code ...

"The original bill included the text 'OBDC8287TX' in CMS-1500/field 33b ... In reviewing the submitted bill, I noticed that I had not included the charge for the return to work portion of the bill. I contacted the adjuster about this bill on 5/9/23. I sent the original bill with the corrected bill to the adjuster ...

"The bill for the designated doctor examination should be paid because the examination was requested by the carrier, ordered by the TDI, performed, and billed timely."

Amount in Dispute: \$1,150.00

Respondent's Position

"Upon notification of this dispute, the Office researched the medical billing received from Jason Eaves DC which determined that payment has been made for this date of service in the amount of \$650.00 which was mailed on 5/22/2023 ... The Office received an email from Dr. Eaves regarding this date of service prior to receiving this request for a medical fee dispute, upon review of the date of service 5/10/2022 in the amount of \$650.00 the Office determined payment would be made, and processed the bill.

"The initial medical bill submitted to the Office did not include a charge of \$500.00 and unaware of what this charge is for as there are no modifiers included on the dispute form to indicate a separate charge for additional exams."

Response Submitted by: State Office of Risk Management

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.20](#) sets out the procedures for submission of a medical bill.
2. [28 TAC §133.240](#) sets out the procedures for payment or denial of a medical bill.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
4. [Texas Labor Code \(TLC\) §408.027](#) sets out the requirements for payment of health care providers.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the reduction or denial of payment for the disputed services prior to the request for medical fee dispute resolution.

Issues

1. Is Jason Eaves, D.C. entitled to additional reimbursement?

Findings

1. Dr. Eaves is seeking reimbursement for a designated doctor examination performed on May 10, 2022, to determine maximum medical improvement, impairment rating, and ability to return to work.

On August 12, 2022, Dr. Eaves submitted a bill for the referenced examination which included charges for maximum medical improvement and impairment rating. No charges were included for the evaluation of return to work.

Per 28 TAC §133.20(g) states "Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier." The new bill is subject to the requirement to be submitted not later than 95 days after date of service, in accordance with TLC §408.027(a) and 28 TAC §133.20(b).

On May 9, 2023, evidence supports that a bill was submitted which included maximum medical improvement, impairment rating, and ability to return to work. This date is more than 95 days after the date of injury.

In addition, DWC received this request for medical fee dispute resolution on May 10, 2023. This did not afford the insurance carrier 45 days to "take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill" as required by 28 TAC §133.240(a).

Evidence submitted supports that the insurance carrier reimbursed the evaluation of maximum medical improvement and impairment rating in full on May 18, 2023. On September 27, 2023, the requestor submitted an additional packet of information. After review of the documentation, DWC finds that it does not provide support for the reimbursement of the service in question.

For the reasons stated above, DWC concludes that Dr. Eaves is not entitled to additional reimbursement for the evaluation to determine the ability to return to work.

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 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

September 29, 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 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 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 tres o correo electrónico CompConnection@tdi.texas.gov.