



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Donald G. Eaves, D.C.

Respondent Name

Fedex Ground Package System, Inc.

MFDR Tracking Number

M4-24-0531-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 2, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 30, 2022	Designated Doctor Examination 99456-W5-WP	\$800.00	\$650.00

Requestor's Position

"I performed a Designated Doctor Evaluation on 12/30/2022 as directed by the TDI DWC to address 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 01/10/2023. When this initial claim submission was ignored, a reconsideration was requested on 06/03/2023 with a copy of the fax confirmation for the initial submission attached. The carrier audited the request for reconsideration on 06/08/2023 denying the claim stating 'the time limit for filing has expired'."

Amount in Dispute: \$800.00

Respondent's Position

The Austin carrier representative for Fedex Ground Package System, Inc. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on November 7, 2023.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response

within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 submitting a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [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:

- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 29 – The time limit for filing claim/bill has expired.

Issues

1. Is the insurance carrier's denial 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 performed December 30, 2022. The insurance carrier denied payment based on timely filing.

According to 28 TAC §133.20(b), a health care provider must submit a medical bill to the insurance carrier within 95 days from the date of service with few exceptions.

The greater weight of evidence provided to DWC supports that Dr. Eaves submitted the bill for the examination in question to the insurance carrier or its agent on January 10, 2023. This is less than 95 days from the date of service.

DWC finds that the denial of payment for this reason is not supported.

2. Because the insurance carrier failed to support its denial of payment, Dr. Eaves is entitled to reimbursement.

The submitted documentation supports that Dr. Eaves performed an evaluation of maximum medical improvement (MMI) as ordered by the 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 impairment rating evaluations of the spine with range of motion testing. 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 the first musculoskeletal body area performed with range of motion is \$300.00.

The total allowable reimbursement for the services 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 reimbursement of \$650.00 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 Fedex Ground Package System, Inc. must remit to Donald G. Eaves, 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

February 1, 2024

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.