



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Donald G. Eaves, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-0539-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

November 2, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 4, 2023	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$500.00	\$500.00
Total		\$650.00	\$500.00

Requestor's Position

"It is my stance that the billed amount of \$800 for thoracic spine MMI/IR in which the DRE method is used AND a range of motion study has been performed is to be reimbursed ... There is no language found in the rule stating if full physical examination, with range of motion, **is performed**, reimbursement for use of the diagnosis related estimates for determining impairment rating in addition to the charge for the range of motion study is not allowed. There is no language stating either diagnoses related estimates OR physical examination with range of motion is reimbursed."

Amount in Dispute: \$650.00

Respondent's Position

"The health care provider did not agree with our original audit and resubmitted the bill on 04/18/2023 with corrections, however, the bill was not submitted as an appeal in compliance with TAC rule 133.250. As of today, Texas Mutual has not received a request for reconsideration for services performed on date of service 01/04/2023. Denial modifier 877 was added to the resubmitted corrected bill instructing the health care provider to file an appeal and include the original denial EOB."

Response Submitted by: Texas Mutual Insurance Company

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine the ability to return to work.
3. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.
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 reduced the payment for the disputed services with the following claim adjustment codes:

- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CAC-4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 732 – Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed.
- 742 – Paid in accordance with 134.204 (j)(4)(C)
- CAC-18 – Exact duplicate claim/service
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 224 – Duplicate charge.
- 877 – Bill previously processed. Refer to Rule 133.250 regarding request for reconsideration and submit with original EOB and corrected bill.

Issues

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

Findings

1. Dr. Eaves is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and the ability to return to work.

The submitted documentation supports that Dr. Eaves performed an evaluation of maximum medical improvement 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.

According to 28 TAC §134.235 the designated doctor is required to bill an examination to determine the ability to return to work with CPT code 99456 and modifier "RE." Per 28 TAC §134.240(1)(C), designated doctors are also required to include modifier "W8." The submitted documentation indicates that Dr. Eaves performed an examination to determine the ability to return to work and was billed as noted. According to 28 TAC §134.235, the MAR for this examination is \$500.00.

The DWC finds that the total allowable reimbursement for the examination in question is \$1,150.00. Per explanation of benefits dated January 31, 2023, the insurance carrier paid \$650.00 for the services in question. An additional \$500.00 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 requestor has established that additional reimbursement of \$500.00 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 Texas Mutual Insurance Company must remit to Donald G. Eaves, D.C. \$500.00 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 9, 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.