



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

M4-24-0541-01

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
December 29, 2022	Designated Doctor Examination 99456-W5-WP	\$500.00	\$0.00

Requestor's Position

Initial Statement: "I performed a Designated Doctor Evaluation on 12/29/2022 as directed by the TDI DWC to address the extent of injury. The report and billing were timely delivered to the insurance carrier billing department/adjuster listed on the DWC 32 form via fax on 01/09/2023 ... a reconsideration was requested on 06/03/2023 with a copy of the fax confirmation for the initial submission attached. The carrier responded stating they were unable to take further action due to 'no explanation of benefits or indication of an EOB has been requested is attached ... an email to the adjuster requesting an EOB for the date of service was left unanswered by the carrier. The request for reconsideration was again submitted on 07/30/2023 with a copy of the unanswered email request. An EOB was received based on an 08/23/2023 carrier audit claiming 'exact duplicate charge' Attached is the fax confirmation for the initial 01/09/2023 filing, well within the required timeframe."

Subsequent Statement: "Had the carrier provided the EOB dated 01/31/2023 in a timely manner, the claim would have been corrected and refiled for consideration. I in good faith provided the service ordered by the Division and it is my opinion the claim should be reimbursed due to the carrier's failure to provide the initial EOB in a timely mammer."

Amount in Dispute: \$500.00

Respondent's Position

"The TWCC-32 submitted was requesting only extent of injury be addressed. Per TAC rule 134.235, the designated doctor should bill CPT code 99456 and in accordance with rule 134.240(1)(C) the correct modifier for the designated doctor to use for extent of injury is W6. Dr. Eaves billed CPT code 9945-W5-WP[sic]. The original bill was received on 1/9/23 and processed on 1/31/23 per the attached 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 \(TAC\) §133.20](#) 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 the extent of a compensable injury.
4. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

The insurance carrier denied payment for the disputed services with the following claim adjustment codes:

- CAC-18 – Exact duplicate claim/service
- 224 – Duplicate charge
- 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.

Issues

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

Findings

- 1. Dr. Eaves is seeking reimbursement for an examination to determine the extent of the compensable injury, billed using procedure code 99456 with modifiers W5 and WP. 28 TAC §133.20(c) requires a health care provider to “include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitting medical bills.”

Per 28 TAC §134.235, the designated doctor is required to bill an examination to determine the extent of injury with CPT code 99456 and modifier “RE.” 28 TAC §134.240(1)(C) states, “Extent of the employee's compensable injury shall be billed and reimbursed in accordance with §134.235 of this title, with the use of the additional modifier ‘W6.’”

The DWC finds that Dr. Eaves failed to bill the disputed examination in accordance with 28 TAC §§134.235 and 134.240. No reimbursement can be 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 not established that 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

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.