



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Charles W. Hebert, D.C.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-24-1402-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

February 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 5, 2023	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	\$950.00	\$950.00

Requestor's Position

Initial position statement: "EOB received for Non-Payment

"It stated we had an invalid diagnosis code ...

"MMI/IR report was corrected to show correct diagnosis code.

"Confirmation of corrected report sent on"

Subsequent position statement: "I did receive our fax stating there was not a corrected claim sent prior to us filing the medical fee dispute, but there was a corrected claim sent on 10/27/23 ... and I've also attached the Fax Conf for this dated 10/27/23."

Amount in Dispute: \$950.00

Respondent's Position

Initial position statement: "The Office performed an in-depth review of the dispute packet submitted by the [Charles Hebert](#) where the Office found that a completed medical bill had not been received.

"The Office found that the initial bills received for the date of service 9/27/2023 were returned to the provider by our cost containment vendor as there was an invalid ICD 10 code being utilized and the programming would not allow it to be process with the invalid code(s). Further review of the requestor's evidence supplied with the DWC60 shows a fax being sent on 10/27/2023, the Office did locate this transaction and identified that the fax received on 10/27/2023 did not include a medical bill, only a corrected DWC69 form and report, we did verify that the number of pages sent by Dr. Hebert matched the number of pages we received ...

"As of today's date, there has not been a complete medical bill received for the date of service 9/5/2023."

Subsequent position statement: "... we received a corrected report, and that fax did not include the bill only the report. The fax showed sending 19 pages and that's what we had received, and it did not include a CMS1500."

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 \(TAC\) §133.10](#) sets out the procedures for completing medical bills.
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. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

Issues

1. Did the State Office of Risk Management take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Charles W. Hebert, D.C. entitled to reimbursement for the services in dispute?

Findings

1. Dr. Hebert is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating.

The State Office of Risk Management argued that the bill was returned due to an invalid diagnosis code.

28 TAC §133.10(f)(1)(M) requires "at least one diagnosis code and the applicable ICD indicator must be present" in field 21 of the CMS-1500. DWC finds that the requestor fulfilled this requirement based on the documentation provided.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving a complete medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to support non-payment of the services in question, DWC finds that Dr. Hebert is entitled to reimbursement for the services in question.

The submitted documentation supports the statement that Dr. Hebert performed an evaluation of maximum medical improvement. 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. Hebert performed impairment rating evaluations of the shoulder, wrist, and knee with range of motion testing. 28 TAC §134.250(4)(C)(i) defines musculoskeletal body areas as:

- (I) Spine and pelvis;
- (II) Upper extremities and hands; and
- (III) Lower extremities (including feet).

28 TAC §134.250(4)(C)(ii) provides 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 MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.

The submitted documentation also indicates that Dr. Hebert performed an impairment rating of the (redacted) 28 TAC §134.250(4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

The total allowable reimbursement for the services in question is \$950.00. 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 \$950.00 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 the State Office of Risk Management must remit to Charles W. Hebert, D.C. \$950.00 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

May 15, 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.