



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Jason Eaves, D.C.

**Respondent Name**

Texas Association of Counties Risk Management Pool

**MFDR Tracking Number**

M4-25-0050-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

September 6, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 9, 2023	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00

### Requestor's Position

"An MMI/IR examination was performed on 11/9/2023 to address maximum medical improvement and impairment rating. \$800.00 was billed for this evaluation. \$350.00 of the bill represents the MMI portion of the exam, \$300.00 of the bill represents the IR portion for the first body area (spine) with ROM, and \$150.00 of the bill represents the use of DRE ...

"Diagnosis related estimate was used, and full physical evaluation, with range of motion was performed. These should be paid. There is nothing in the rule that indicates that the bill should be only diagnosis related estimate or full physical evaluation, with range of motion. The rule indicates that \$150 should be billed for diagnosis related estimates and \$300 should be billed for the first body and \$150 for additional body areas if full physical examination, with ranges of motion is performed."

**Amount in Dispute:** \$150.00

## Respondent's Position

"This dispute concerns designated doctor services provided by Jason Eaves, D.C. on November 9, 2023 to determine MMI and IR for one musculoskeletal body part (the (redacted)).

"Dr. Eaves billed \$350 for the MMI portion of the examination, \$300 for a range of motion evaluation and an additional \$150 for certifying 0% impairment using DRE.

"As reflected in the EOBs, Texas Association of Counties Risk Management Pool properly reimbursed Dr. Eaves in accordance with the Texas Workers' Compensation Act and Division Rules for an MMI certification examination (\$350) and an evaluation of one musculoskeletal area with a full physical evaluation with range of motion (\$300). Despite Dr. Eaves contention, he is not entitled to an additional \$150 for certifying the Claimant with a 0% impairment rating under DRE Category I. The additional \$150 sought by Dr. Eaves is encompassed within the reimbursement rate for a full physical evaluation with range of motion. Therefore, no further reimbursement is owed."

**Response Submitted by:** Burns Anderson Jury & Brenner, L.L.P.

## 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 §134.250, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine maximum medical improvement with dates of service prior to June 1, 2024.

### Denial Reasons

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

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.

Issues

1. Is Jason Eaves, D.C. entitled to additional reimbursement for the services in question?

Findings

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

The submitted documentation supports that Dr. Eaves performed an evaluation of maximum medical improvement as ordered by 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. Per explanation of benefits dated November 29, 2023, this amount was paid in full. No additional reimbursement 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 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

October 31, 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](http://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](mailto: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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).