



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Adam Alexander, D.C.

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-25-0817-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

December 10, 2024

### Summary of Findings

| Dates of Service  | Disputed Services                            | Amount in Dispute | Amount Due |
|-------------------|--|-------------------|------------|
| February 15, 2024 | Designated Doctor Examination<br>99456-W5-WP | \$650.00          | \$650.00   |

### Requestor's Position

The submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

**Amount in Dispute:** \$650.00

### Respondent's Position

"Upon receiving notification of the dispute submitted by the requestor Lonestar MSC, LLC the Office reviewed the disputed charges and determined we will maintain our denial. There is no evidence in the dispute packet to support the criteria outlined in Texas Labor Code §408.0272(b), (c), or (d) to apply toward a timely filing waiver.

"All charges were audited following 28 TAC 133.20 (b) and 28 TAC 134.250 the results of those reviews are as follows ...

| DATE OF SERVICE | RECEIVED DATE | BILLED AMOUNT | PAID   | COMMENT  |
|-----------------|---------------|---------------|--------|--|
| 2/15/24         | 6/18/24       | \$650.00      | \$0.00 | Returned to Provider as information in Box 17 is incomplete per 28 TAC 133.10            |
| 2/15/24         | 7/31/24       | \$650.00      | \$0.00 | Returned to Provider as information in Box 17 is incomplete per 28 TAC 133.10            |
| 2/15/24         | 9/10/24       | \$650.00      | \$0.00 | Returned to Provider as information in Box 17 is incomplete per 28 TAC 133.10            |
| 2/15/24         | 9/30/24       | \$650.00      | \$0.00 | Denied for 29-time limit for filing has expired. (CN13128355)                            |
| 2/15/24         | 10/16/24      | \$650.00      | \$0.00 | Returned to Provider as information in Box 17 is incomplete per 28 TAC 133.10            |
| 2/15/24         | 10/29/24      | \$650.00      | \$0.00 | Denied for 18-Exact duplicate to CN 13128355. Not filed as an appeal per 28 TAC 133.250. |

"To date, the Office has not received sufficient evidence to support the exceptions outlined in Labor Code §408.0272 for the waiver of timely filing."

**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, effective April 1, 2014, 38 TexReg 9594](#) sets out the procedures for completing medical bills for dates of service prior to June 1, 2024.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [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.
4. [TLC §408.0041](#) sets out the requirements for designated doctor examinations.

### Denial Reasons

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

- 29 – The time limit for filing has expired.

- Notes: "Although the bill was previously received it was rejected due to being an incomplete medical bill. Per 28 TAC Rule 133.200 (c) and Rule 133.20(g) the healthcare provider may correct and resubmit as a NEW bill an incomplete medical bill that has been returned by the insurance carrier."

### Issues

1. Is State Office of Risk Management's denial based on timely filing supported?
2. Is Adam Alexander, D.C., entitled to reimbursement for the examination in question?

### Findings

1. Dr. Alexander is seeking reimbursement for a designated doctor examination performed on February 15, 2024. The State Office of Risk Management denied payment based on timely filing.

With few exceptions, 28 TAC §133.20(b) requires submission of medical bills not later than 95 days from the date of service.

Documentation received by DWC supports the submission of a medical bill to the insurance carrier on April 26, 2024. On June 18, 2024, the insurance carrier returned the bill stating that it was incomplete. It indicated that the bill was missing the referring doctor's license number in box 17A of the CMS-1500.

The disputed service is a designated doctor examination ordered by DWC in accordance with TLC §408.0041. It was not referred to Dr. Alexander by another health care provider. Therefore, no information is required in boxes 17, 17A, or 17B.

DWC finds that the bill submission date of April 26, 2024, was less than 95 days from date of service February 15, 2024. Therefore, the insurance carrier's denial reason is not supported.

2. Because the insurance carrier failed to support its denial of payment, DWC finds that Dr. Alexander is entitled to reimbursement.

The submitted documentation supports that Dr. Alexander 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. Alexander performed an impairment rating evaluation of an upper extremity 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 examination 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 the State Office of Risk Management must remit to Adam Alexander, D.C. \$650.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

## **Authorized Signature**

|           |  |                   |
|-----------|--|-------------------|
| _____     | _____                                  | February 13, 2025 |
| Signature | Medical Fee Dispute Resolution Officer | 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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).