



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Donald G. Eaves, D.C.

Respondent Name

Harris Health System

MFDR Tracking Number

M4-26-0027-01

Insurance Carrier's Austin Representative

BOX 21 Thornton Biechlin Segrato Reynolds & Guerra Lc

DWC Date Received

September 4, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 10, 2024	99456 W5 Designated Doctor Exam	\$449.00	\$449.00
October 10, 2024	99456 W5 Designated Doctor Exam	\$577.00	\$577.00
October 10, 2024	99456 W8 Designated Doctor Exam	\$642.00	\$642.00
Total		\$1,668.00	\$1,668.00

Requester's Position

"I performed a Designated Doctor Evaluation on 10/10/2024 as directed by the TDI DWC in the order dated 09/12/2024 at the request of the insurance carrier for the purpose of maximum medical improvement, impairment rating, and return to work. The report and billing were timely delivered to the insurance carrier billing department /adjuster listed on the DWC 32 form via fax on 10/20/2025. When this initial claim submission was ignored, a reconsideration was requested on 01/23/2025 with a copy of the fax confirmation for the initial submission attached. The carrier audited the request for reconsideration on 02/17/2025 denying the claim stating 'the time limit for filing has expired'. I then contacted the adjuster and requested assistance with the claim. I received an EOR stating 'NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF

REPEAL/RECONSIDERATION' which was processed on 02/17/2025. Attached are the fax confirmations for the initial filing on 11/07/2023[sic], well within the required timeframe. It is my position that this bill should be reimbursed at its face value of \$1668.00 as it was timely filed within the 95 day period allowed by law."

Amount In Dispute: \$1,668.00

Respondent's Position

The Austin carrier representative for Harris Health System is Thornton Biechlin Segrato Reynolds & Guerra Lc. The representative was notified of this medical fee dispute on September 5, 2025.

Per 28 Texas Administrative Code Section 133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [133.20](#) sets out the requirements for medical bill submission.
3. TLC Section [408.0272](#) sets out workers' compensation guidelines for timely billing and exceptions.
4. TLC Section [408.027](#) sets out the rules for timely submission of claims by health care providers.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 29 – The time limit for filing has expired.
2. 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 Days of the date of service.
3. 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

4. W3 – Bill is a reconsideration or appeal.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement in the amount of \$1,668.00 for designated doctor maximum medical improvement, impairment rating, and return to work exam rendered on October 10, 2024. The insurance carrier issued denial stating, "the time limit for filing has expired."
2. With a few exceptions, 28 TAC Section 133.20(b) and Texas Labor Code (TLC) Section 408.027(a) requires submission of medical not later than 95 days from the date of service. TLC Section 408.0272(b) provided the exceptions to this requirement, which include:
 - The health care provider filed the bill to
 - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured
 - a health maintenance organization that issues evidence of coverage under which the injured employee is covered enrollee; or
 - a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
 - the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC Section 408.0272(d) also states that the period for submitting a claim for payment may be extended by the agreement of the parties.

A review of the documents provided by the requester finds a fax report dated October 20, 2024 that includes a 15-page document referencing the claim in dispute which was faxed to the insurance carriers number listed on the designated doctor order. The respondent did not provide a response for the disputed services.

The DWC finds there is sufficient evidence that the requester submitted the medical bill to the insurance carrier within 95 days after the date the services were provided. Therefore, the DWC concludes that the requester is entitled to reimbursement for the services in question.

28 TAC Section 134.240(d)(3) states, "MMI. MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'"

28 TAC Section 134.240(d)(4) states, in relevant part, "IR. For IR examinations, the designated

doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation. The designated doctor must apply the additional modifier 'W5.' Indicate the number of body areas rated in the units column of the billing form." Per subsection (A)(ii)(I), "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)." Per subsection (A)(ii)(II)," the reimbursement for each additional musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

28 TAC Section 134.240(d)(7) states, "Return to work. The reimbursement rate for determining the ability of the injured employee to return to work is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W8.'"

A review of the submitted medical record finds that the requester provided an evaluation of maximum medical improvement (MMI), impairment rating (IR) of two musculoskeletal body areas and a return-to-work exam. No adjustments apply to the date of service in dispute.

In accordance with 28 TAC §134.240, the reimbursements which apply to the disputed examination rendered on October 10, 2024, are:

Designated Doctor Exam Fees for dates of service 6/1/2024 - 12/31/2024	
MMI exam	\$449
IR exam first musculoskeletal (MSK) body area	\$385
IR exam for additional MSK body area	\$192
Return to work exam	\$642
Total	\$1,668.00

DWC finds that reimbursement in the amount of \$1,668.00 is due for the services in dispute

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Harris Health System must remit to Dr. Donald G. Eaves, D.C. \$1,668.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 4, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.