TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Dallas Testing Inc.

Respondent Name
Liberty Mutual Fire Insurance Co

MFDR Tracking Number
M4-19-3187-01

Carrier's Austin Representative
Box Number 1

MFDR Date Received
February 19, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The above date of service was not paid and has been returned due to reason: "Time expended on or the number of functional capacity evaluations has been exceeded." However, I have attached a copy of payment for DOS 07/02/2018, where the exact procedure was billed and this date of service was paid in full."

Amount in Dispute: $503.44

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill for DOS 5/14/18 has been reviewed and denial stands as this is the 5th FCE bill for injury. Per Texas Rule 134.3(g) …A maximum of three FCEs for each compensable injury shall be billed and reimbursed."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 14, 2018	99750-FC	$503.44	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the guidelines for workers compensation specific services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - M359 – Time expended on or the number of functional capacity evaluations has been exceeded.

Issues

1. Is the insurance carrier's reason for denial of payment supported?

Findings

1. The insurance carrier denied disputed services for date of service May 14, 2018 as "number of functional capacity evaluations exceeded."

   28 TAC 134.204 (g) states in pertinent part,

   > The following applies to Functional Capacity Evaluations (FCEs). A maximum of three FCEs for each compensable injury shall be billed and reimbursed.

   Review of the submitted information found the carrier was billed and paid for the following dates of service

   - January 28, 2016, 97750 FC
   - February 22, 2016, 97750 FC
   - December 15, 2016, 97750 FC
   - February 15, 2017, 97750 FC

   Based on the above, the carrier's denial is supported no additional payment is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

		March 15, 2019
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 in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.