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**
Seton Medical Harker Heights

**Respondent Name**
Liberty Insurance Corp

**MFDR Tracking Number**
M4-20-0793-01

**Carrier's Austin Representative**
Box Number 1

**MFDR Date Received**
November 25, 2019

## *REQUESTOR'S POSITION SUMMARY*

**Requestor's Position Summary:** "the clinical record supports an initial evaluation was medically necessary."

**Amount in Dispute:** $142.73

## *RESPONDENT'S POSITION SUMMARY*

**Respondent's Position Summary:** "…the provider was paid for the evaluation on 8/24/18 – copy of EOB is attached of your review."

**Response Submitted by:** Liberty Mutual

## *SUMMARY OF FINDINGS*

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| March 8, 2019 | 97162 | $142.73 | $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 §134.203 sets out the reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 866 – The procedure was inappropriately billed. The provider has previously billed for an initial/evaluation visit

**Issues**

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

**Findings**

1. The requestor is seeking reimbursement of a physical therapy evaluation performed on March 8, 2019. The insurance carrier denied the service as the service was previously performed and paid.

   Review of the submitted documentation found evidence to support a payment for Code 97162 was made on October 2, 2018. Insufficient evidence was found to a change in the claimants condition or a new condition mandated an initial evaluation. The insurance carrier's denial is supported.

**Conclusion**

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has not established payment 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**

| | | |
|---|---|---|
| | | January 16, 2020 |
| 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC 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 TAC §141.1(d).

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