



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
MEMORIAL COMPOUNDING RX

Respondent Name
Starr Indemnity & Liability Co

MFDR Tracking Number
M4-18-0872-01

Carrier's Austin Representative
Box 19

MFDR Date Received
November 30, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Memorial did not receive any correspondence as per rule so we submitted a Request for Reconsideration...As of today, we still haven't received any correspondences."

Amount in Dispute: \$566.53

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Payment in the amount of \$566.53 was issued on 10/04/2017. Attached is a copy of the EOR and payment screen."

Response Submitted by: ESIS

SUMMARY OF FINDINGS

Table with 4 columns: Date of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: July 14, 2017, Compound Medication, \$566.53, \$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 §134.503 sets out the reimbursement for compound medications
3. Explanation of Benefits
- 1 - A technical bill review has been performed
- 2 - We cannot review this service without necessary documentation.
- 3 - RX Chemical for Compound Drug
Recommended allowance \$566.53

