



# 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**

Memorial Compounding Pharmacy

**Respondent Name**

Old Republic Insurance Company

**MFDR Tracking Number**

M4-19-4173-01

**Carrier's Austin Representative**

Box Number 44

**MFDR Date Received**

May 20, 2019

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "After reviewing the explanation of benefits, it indicates that carrier paid \$(00.00) and not the full amount of \$(315.51). This is an acceptable claim and should be processed with the full amount billed as per Administrative Labor Code 134.503(c)."

**Amount in Dispute:** \$315.51

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** Submitted documentation does not include a position statement from the respondent. Accordingly, this decision is based on the information available at the time of adjudication.

#### SUMMARY OF FINDINGS

| Dates of Service | Disputed Services            | Amount In Dispute | Amount Due |
|------------------|------------------------------|-------------------|------------|
| January 25, 2019 | Omeprazole DR 20 mg Capsules | \$315.51          | \$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 (DWC).

#### Background

- 28 Texas Administrative Code §133.240 sets out the procedures for submission of a medical bill.
- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
- The documentation submitted to the DWC does not include explanations of benefits for the drug in question.

**Issues**

1. Did Old Republic Insurance Company respond to the medical fee dispute?
2. Is Memorial Compounding Pharmacy (Memorial) entitled to additional reimbursement?

**Findings**

1. The Austin carrier representative for Old Republic Insurance Company is White Espey, PLLC. White Espey PLLC acknowledged receipt of the copy of this medical fee dispute on May 30, 2019. Rule §133.307(d)(1) states that if the DWC does not receive the response within 14 calendar days of the dispute notification, then the 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 therefore base this decision on the information available as authorized under 28 TAC §133.307(d)(1).

2. Memorial argued that it dispensed Omeprazole DR 20 mg capsules on January 25, 2019. This is the drug considered in this dispute. Memorial stated that it received partial payment for the drug in question. It also claimed that the insurance carrier denied the reconsideration based, in part, on "UNACCEPTED CLAIM." In the same position statement, Memorial stated that it received "\$ (00.0)."

No evidence was presented regarding any amount paid by the insurance carrier or a reason for denial of payment.

Memorial is asking for \$315.51 for the drug in this dispute. Memorial has the burden to support its request for this amount. In its original position statement, Memorial did not demonstrate how it calculated the requested amount or how that amount is based on the calculation method in 28 TAC §134.503(c).

Because Memorial did not include evidence of the prior payment or denial of the drug in question or support the amount requested, the DWC moves to resolve this dispute with the information available and finds that no additional reimbursement can be recommended.

**Conclusion**

For the reasons stated above, the DWC 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 DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

\_\_\_\_\_  
Signature

Laurie Garnes  
Medical Fee Dispute Resolution Officer

October 23, 2019  
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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the 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 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.**