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
Berkshire Hathaway Homestate Insurance

MFDR Tracking Number
M4-21-1219-01

Carrier's Austin Representative
Box Number 12

MFDR Date Received
March 19, 2021

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This claim should be processed with the full amount billed as per Administrative Labor Code 134.503(c)."

Amount in Dispute: $1,226.59

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "…neither the bill nor the request for reconsideration were sent to the proper bill review agent. It appears Requestor sent the request to Berkshire Guard, which is a separate entity from Respondent. Berkshire Guard, but no Respondent, received the bill and issued an EOB denying payment pursuant to script advisor's clinical and formulary-based review."

Response Submitted by: Shanley Price

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 17, 2020	Oral medications	$1,226.59	$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 §133.20 sets out the requirements of medical bill submission.

Issues

Did the requestor support timely submission to the correct workers' compensation carrier?

Findings

The requestor is seeking reimbursement of oral medications dispensed December 17, 2020. The requestor submitted an explanation of benefits from an unrelated injured worker and workers' compensation carrier. This information will not be considered in this dispute.

28 TAC §133.20(b) states in pertinent part a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. The requestor submitted insufficient evidence that a medical bill was submitted to the correct insurance carrier within ninety-five days of the service being provided.

No payment is recommended.

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

Signature	Medical Fee Dispute Resolution Officer	April 16, 2021 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.