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
INDEMNITY INSURANCE COMPANY

MFDR Tracking Number
M4-21-1354-01

Carrier's Austin Representative
Box Number 15

MFDR Date Received
April 5, 2021

Response Submitted by:
ESIS

REQUESTOR'S POSITION SUMMARY

"Memorial Compounding is an approved provider and should be reimbursed accordingly. The referral provider has been treating the patient for the injury sustained at work. If this payment is not processed to our office, I will submit for Medical Dispute Resolution, which will be in our favor along with any incurred interest."

RESPONDENT'S POSITION SUMMARY

"This medical dispute concerns services provided by Memorial Compounding RX associated with dates of service 1-22-21/1-22-21. Attached is a copy of the DWC 53 approval order dated 2-12-2021 supporting our position that the prescribing physician was not an approved provider on the date of service."

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
January 22, 2021	Prescribed Medication	$197.96	$0.00

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §180.22, effective January 9, 2011 requires the treating doctor to coordinate the claimant's healthcare.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 1 – Not approved provider
   - 18 – Duplicate claim/service
   - W12 – Charge unrelated to the compensable injury

Issue(s)

Is the requestor entitled to reimbursement for the service in dispute?

Findings

1. The requestor seeks reimbursement for prescribed medications rendered on January 22, 2021. The insurance carrier denied/reduced the disputed service(s) with denial reduction code(s), "Attached is a copy of the DWC 53 approval order dated 2-12-2021 supporting our position that the prescribing physician was not an approved provider on the date of service."

   The respondent denied reimbursement for the disputed services based upon "1 – Not approved provider."

   28 TAC §180.22(c)(1) states, "The treating doctor is the doctor primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury.The treating doctor shall: (1) except in the case of an emergency, approve or recommend all health care reasonably required that is to be rendered to the injured employee including, but not limited to, treatment or evaluation provided through referrals to consulting and referral doctors or other health care providers, as defined in this section."

   The DWC reviewed the submitted medical bill that indicates the prescribing doctor was Anibal F. Rossel. Review of the DWC53 issued by the DWC on February 12, 2021 indicates that the doctor the injured employee was seeing was Gerard Thomas Gabel and the new doctor is Anibal F. Rossel. The services in dispute were rendered on January 22, 2021 prior to the approved DWC 53 as a result, the DWC finds that the insurance carrier denial reason is supported. Therefore, the requestor is not entitled to reimbursement for the services in dispute.

   Review of the submitted documentation finds that the requestor is not entitled to reimbursement for the disputed services.

Conclusion

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

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC §413.031, the DWC has determined that the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

		May 5, 2021
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 28 TAC §133.307, 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 with the DWC. **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.