



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 RX

Respondent Name

ZURICH AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-21-1889-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 23, 2021

Response Submitted by:

Gallagher Bassett

REQUESTOR'S POSITION SUMMARY

"The request was submitted and received by the carrier on 04/22/2021 via certified mail still with no response. I have attached proof of submission for both correspondences. The carrier has received the attached bill and has not processed according to Texas Labor Code 408.027. Rule 133.250 allows provider to request for medical dispute in accordance with Rule 133.305 if dissatisfied with the carrier. Memorial Compounding has fulfilled the required rule to receive reimbursement."

RESPONDENT'S POSITION SUMMARY

"Coventry Workers' Comp is unable to respond to this as the charges have not been received in our system for processing payment has been requested."

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
March 9, 2021	Prescribed medication	\$367.88	\$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 §134.503 sets out the fee guidelines for pharmaceutical services.
3. 28 TAC §133.250 sets out the medical bill processing and audit by insurance carrier's procedures
4. Neither party submitted EOBS with the DWCO60 request/response.

Issue(s)

Did the requestor submit sufficient documentation to support that reconsideration was completed before the submission of the MFDR?

Findings

The respondent wrote, "Coventry Workers' Comp is unable to respond to this as the charges have not been received in our system for processing payment has been requested."

Whether the requestor's medical fee dispute is eligible for review relies upon whether the requestor satisfied the relevant prerequisite requirements as follows:

- 28 TAC §133.307(c)(2)(J) requires the requestor to submit "a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with 28 TAC §133.250 of this chapter (relating to General Medical Provisions)."
- 28 TAC §133.250(i) states "If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills)."

When read together, the requirements listed above obligate the requestor to provide proof that the medical bill for the services in dispute was appealed in accordance with 28 TAC §133.250.

The DWC finds that insufficient documentation was found to support that the requestor sought reconsideration as required by 28 TAC §133.250(i). For that reason, the service in dispute is therefore not ripe for fee dispute resolution.

Conclusion

The outcome of each independent medical fee dispute relies upon the relevant evidence presented by the requestor and the respondent at the time of adjudication. Though all the evidence in this dispute may not have been discussed, it was considered.

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

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		July 9, 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.