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
Praetorian Insurance Co

MFDR Tracking Number
M4-21-2086-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
July 14, 2021

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier received the attached bill and has not processed according to Texas Labor Code 408.027."

Amount in Dispute: $179.78

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This bill was not submitted to the Carrier within 95 days... The Requestor claims it submitted the bill by fax to 877-764-5494. This is not the Carrier's fax number. Faxes to that number asking the identity of the owner, and reverse number searches have not revealed the identity of the owner of the fax number. …the adjuster for this claim and others long ago repeatedly informed the Requestor of his correct contact information…"

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 9, 2021	Oral medication	$179.78	$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 claim submission.

Issues

Is the requestor's position statement supported?

Findings

The requestor is seeking reimbursement of pharmacy services rendered April 9, 2021. The requestor states the claim were submitted timely via fax to the workers' compensation carrier responsible for payment of the medication claim.

Review of the submitted documentation found the fax number referenced by the requestor as having successfully faxed the claims to is not the fax number associated with pharmacy claims for this insurance carrier.

Insufficient evidence was found to support the requestor met the requirements of DWC Rule 133.20 which requires health care providers to submit medical claims within 95 days after the services are 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

		August 6, 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 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.