



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MEMORIAL COMPUNDING RX

Respondent Name

ACCIDENT FUND NATIONAL INSURANCE CO.

MFDR Tracking Number

M4-22-0207-01

Carrier's Austin Representative

Box Number 6

DWC Date Received

October 1, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 6, 2021	Prescribed Medication	\$733.58	\$0.00
Total		\$733.58	\$0.00

Requestor's Position

"The original claim was denied on 08/27/2021 based on (NOT APPROVED PROVIDER). An appeal was submitted on 09/18/2021. See attached 2 denials for processing. In addition, the explanation of benefits states that (PRE-AUTHORIZATION), is the new denial reason. There were not any additional code changes or services rendered. Therefore, the carrier cannot change from the original denial. As a provider you have to be able to address the bill properly for continue care."

Amount in Dispute: \$733.58

Respondent's Position

"Accident Fund National Insurance Company request that this firm review and respond to the above-referenced medical dispute. Based on review of the dispute, Accident Fund maintains its denial based on Dr. Szeto not being an approved treating doctor. Please process this dispute accordingly."

Response Submitted by: Stone Loughlin Swanson

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. Texas Labor Code 408.021 sets out the entitlement to medical benefits.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 71 – Prescriber is not covered.
- 85 – Claim not covered.
- 70 – Drug not on formulary.
- 75 – Prior authorization required.
- 197 – Precertification/authorization/notification/pre-treatment absent.

Issues

Is the requestor's denial reason for payment supported?

Findings

Memorial Compounding Pharmacy is seeking reimbursement for prescribed medication rendered on August 6, 2021. The insurance carrier denied the disputed service with claim adjustment reason code 71 (description provided above.)

Texas Labor Code §408.021(c) requires that "Except in an emergency, all health care must be approved or recommended by the employee's treating doctor."

The requestor submitted insufficient documentation to support that the disputed drugs were provided by or recommended by the employee's treating doctor. The DWC finds that the insurance carrier's denial reason is therefore supported. As a result, reimbursement of the disputed drugs cannot be recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the services in dispute.

Authorized Signature

_____	_____	November 2, 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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.