

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-22-0306-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

October 15, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 26, 2021	Cyclobenzaprine 5 mg Tablets	\$106.72	\$0.00

Requestor's Position

After reviewing the explanation of benefits it indicates that carrier paid \$170.53 and not the full amount of \$245.02.

Amount in Dispute: \$106.72

Respondent's Position

The Austin carrier representative for Old Republic Insurance Co. is White Espey, PLLC. The representative was notified of this medical fee dispute on October 19, 2021.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §133.20 sets out the procedures for submission of medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

Issues

1. Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the drug in question?

Findings

1. Memorial is seeking reimbursement for Cyclobenzaprine 5 mg tablets dispensed on July 26, 2021. 28 TAC §133.20 (a) states that all medical bills are required to be sent to the insurance carrier. No evidence was presented to support that a bill for the drug in question was submitted to the insurance carrier. No reimbursement can 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 additional reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 10, 2022

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.