

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding Rx

**Respondent Name**

Accident Fund National Insurance Co.

**MFDR Tracking Number**

M4-22-0659-01

**Carrier's Austin Representative**

Box Number 06

**DWC Date Received**

December 3, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 7, 2021	Pharmaceutical Services	\$475.98	\$0.00

### Requestor's Position

AS PER ... ACCIDENT FUND, DR SZETO WAS AUTHORIZED TO PRESCRIBE MEDICATIONS IN AUGUST 2021.

**Amount in Dispute:** \$475.98

### Respondent's Position

Based on review of the dispute, Accident Fund maintains its denial based on Dr. Szeto not being an approved treating doctor.

**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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §180.22 defines the roles of doctors in the workers' compensation system.

## Denial Reasons

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

- 71 – Prescriber is not covered
- 75 – Prior authorization required

## Issues

1. Is Accident Fund National Insurance Co.'s denial based on prescriber coverage supported?

## Findings

1. Memorial Compounding Rx (Memorial) is seeking reimbursement for drugs dispensed on September 7, 2021.

Per 28 TAC §180.22 (c), except in an emergency, the treating doctor must approve or recommend all reasonable health care for the compensable injury.

While documentation supports that the treating doctor made a referral to the prescribing doctor for medication and treatment, the referral was dated November 7, 2021, which is after the date of service. No evidence was provided that a valid referral to the prescribing doctor existed prior to the date the drugs were dispensed. 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 requestor 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

\_\_\_\_\_  
January 5, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).