



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MEMORIAL COMPOUNDING RX

**Respondent Name**

ACCIDENT FUND NATIONAL INSURANCE CO.

**MFDR Tracking Number**

M4-22-0810-01

**Carrier's Austin Representative**

Box Number 06

**DWC Date Received**

January 3, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 11, 2021	Prescribed Medications	\$499.87	\$0.00
<b>Total</b>		\$499.87	\$0.00

### Requestor's Position

"The carrier denied the reconsideration based on NOT APPROVED PROVIDER. Bill for date of service 10/11/2021 was processed on 11/13/2021. BILL ID... indicated that they allowed \$0.00. Memorial Compounding is an approved provider and should be reimbursed accordingly. The referral provider has been treating the patient for the injury sustained at work."

**Amount in Dispute:** \$499.87

### Respondent's Position

"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. 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."

**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. 28 TAC §134.600, effective March 30, 2014, requires preauthorization for specific treatments and services.
3. 28 TAC §137.100, effective January 18, 2007, sets out the use of the treatment guidelines.
4. 28 TAC §180.22, effective January 9, 2011 requires the treating doctor to coordinate the claimant's health care.

### Denial Reasons

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

- 75 – Prior authorization required.
- 71 – Prescriber is not covered.
- 79 – Refill too soon.
- 85 – Claim not processed.

### Issues

1. Was the disputed service recommended by the treating doctor?
2. Is the requestor entitled to reimbursement?

### Findings

1. The insurance carrier denied disputed services with claim adjustment reason code 71 (description provided above). The respondent contends that "Accident Fund maintains its denial based on Dr. Szeto not being an approved treating doctor."

28 TAC §180.22(c)(1) states, "The treating doctor is the doctor primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury. The treating doctor shall: (1) except in the case of an emergency, approve or recommend all health care reasonably required that is to be rendered to the injured employee including, but not limited to, treatment or evaluation provided through referrals to consulting and referral doctors or other health care providers, as defined in this section."

28 TAC §180.22(e) defines a referral doctor as follows: "The referral doctor is a doctor who examines and treats an injured employee in response to a request from the treating doctor."

The DWC reviewed the submitted documentation and finds that the treating doctor made a referral to the requestor on November 7, 2021. The disputed date of service is October 11, 2021. Because the referral is dated after the date of service was rendered, the DWC finds that the respondent's denial of payment based on denial reason code 71 is supported.

2. The DWC finds that for the reasons indicated above, the requestor is not entitled to reimbursement for the services in dispute. As a result, \$0.00 is 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.

The DWC finds the requestor 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**

_____	_____	January 26, 2022
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](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).