TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
MEMORIAL COMPUNDING RX

Respondent Name
MITSUI SUMITOMO INSURANCE COMPANY

MFDR Tracking Number
M4-23-0465-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
October 20, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 2, 2022	Prescribed Medication	$140.89	$0.00
	Total	$140.89	$0.00

Requestor's Position

"The insurance carrier is required to take final action on the claim that references the original denial. The claim was denied for NON-COMPENSABLE CLAIM... Memorial Wellness has submitted for medical dispute resolution. (- There was no related compensability, extent of injury, or liability dispute under Labor Code 410 filed timely). Please review all documentation and process this claim for medical dispute resolution."

Amount in Dispute: $140.89

Respondent's Position

"This medical dispute concerns services provided by Memorial Compounding RX associated with dates of service 8-2-22/8-2-22. Attached is a copy of the DWC 53 approval order dated 7-1-22 supporting our position that the prescribing physician was not an approved provider on the date of service."

Response Submitted by: ESIS

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 (TLC) 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:

- W11 – Entitlement to benefits. (TX03)
- 2 – Payment denied – Unauthorized provider or facility. (US05)
- 148 - This procedure on this date was previously reviewed. (148)
- 18 - Duplicate claim/service. (ANSI18)
- N522 - Duplicate of a claim processed, or to be processed, as a crossover claim.

Issues

Is the respondent's denial reason supported?

Findings

Memorial Compounding Pharmacy is seeking reimbursement for prescribed medication rendered on August 2, 2022. The insurance carrier denied the disputed service with denial reason codes indicated 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 prescribed medication in dispute was 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 prescribed medication 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.

The 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

Signature	Medical Fee Dispute Resolution Officer	January 2, 2023 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 electronico CompConnection@tdi.texas.gov.