TDI **Division of Workers' Compensation**

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Dismissal

General Information

Requestor Name
Memorial Wellness Pharmacy

Respondent Name
Farmington Casualty Co

MFDR Tracking Number
M4-23-2523-01

Carrier's Austin Representative
Box Number 5

DWC Date Received
May 31, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 3, 2023	10702-0006-10	$109.18	$0.00
April 3, 2023	71093-0161-05	$105.20	$0.00
Total		$214.38	$0.00

Requestor's Position

"Benefits were not accompanied with a PLN11 of the denial and date filed. There is no PLN11 attached that processed prior to services being rendered."

Amount in Dispute: $214.38

Respondent's Position

"...The Carrier reviewed the billing in question and denied reimbursement based on the Designated Doctor's review. There has been no adjudication of the extent of injury disputes, however, the Designated Doctor's opinion is binding until overturned by the Division. The Carrier maintains that the treatment at issue is not related to the accepted compensable injury."

Response Submitted by: Travelers

Findings

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 §133.305 sets out the general Medical Dispute Resolution guidelines.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 219 – Based on extent of injury

Issues

Are the disputed services eligible for review by Medical Fee Dispute Resolution?

Findings

The service in dispute was denied by the workers' compensation carrier due to an unresolved extent of injury dispute. The extent of injury denial was timely presented to the requestor in the manner required by 28 TAC §133.240.

Documentation provided by the parties indicates that the insurance carrier denied payment to the requestor due to an unresolved extent-of-injury issue. The carrier's explanation of benefits was timely presented to the requestor in the manner required by 28 TAC §133.240.

The service in dispute contains an unresolved extent-of-injury issue. For that reason, this matter is not eligible for adjudication of a medical fee under 28 TAC §133.307.

NOTICE TO REQUESTOR

You may seek to resolve the extent issue presented here by following the dispute process outlined in Texas Labor Code Chapter 410 and corresponding 28 TAC §141.1. For your convenience, a copy of the DWC Form-045,*Request to Schedule, Reschedule, or Cancel a Benefit Review Conference (BRC)* is attached.

CONCLUSION

The DWC concludes that an unresolved extent of injury issue exists for the service(s) in dispute. MFD is not the proper venue for resolution of an extent-of-injury dispute.

The requestor is hereby notified that the correct venue for resolution of an extent-of-injury dispute is found at Texas Labor Code Chapter 410, and corresponding 28 TAC §141.1.

To initiate resolution of an extent-of-injury dispute, the requestor should complete and file a DWC Form-045,*Request to Schedule, Reschedule, or Cancel a BRC*. A copy of the form and instructions are attached.

Dismissal

M4-23-2523-01 is hereby dismissed in accordance with 133.307 (f)(3)(C).

Issued June 21, 2023
Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution

RIGHT TO RE-FILE

This dismissal is not a final decision. 28 TAC §133.307 (c) (1) (B) states that a request for medical fee dispute resolution may be filed 60-days after a requestor has received an approved agreement or a final decision and order that resolves the compensability or extent-of-injury denial.

CONTACT

Questions? Call CompConnection for HealthCare providers, toll free at (800) 252-7031 option 3 or email
MDRInquiry@tdi.texas.gov

ATTACHMENTS:
➢ DWC Form-045
➢ Instructions