



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Wellness Pharmacy

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-23-2660-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

June 19, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 5, 2023	Diclofenac Sodium 1% Gel NDC 21922000909	\$115.85	\$0.00
	Ibuprofen 800 mg Tablets NDC 59651036205	\$119.15	\$0.00
	Gabapentin 300 mg Capsules NDC 71093012105	\$97.40	\$0.00
Total		\$332.40	\$0.00

Requestor's Position

"Bill was denied for unresolved issues of extent of injury. Memorial Wellness Pharmacy ... placed a call to the carrier to confirm patient demographics as well as compensability. **We were not notified of any disputes or PLN11 filed** ... Memorial was never notified of the extent. A request for reconsideration was submitted and received by the carrier on **06/13/2023** ... **Memorial did not receive any correspondence in response to its request for reconsideration."**

Amount in Dispute: \$332.40

Respondent's Position

"Upon notification of this dispute, the Office researched the medical billing received from

Memorial Compounding RX which determined there has been no medical documentation to support how the medication filled on 5/5/2023 was prescribed to treat the compensable injury.”

Response Submitted by: State Office of Risk Management

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- P13 – Payment reduced or denied based on workers’ compensation jurisdiction regulations or payment policies, use only if no other code is applicable.
- Notes: “There is no current medical to support how these medications are supported by the ODG to treat the compensable injury. No medications filled for this injury since January 2021.”

Issues

1. Is Memorial Wellness Pharmacy (Memorial) entitled to additional reimbursement?

Findings

1. Memorial is seeking reimbursement for Diclofenac Gel 1%, Ibuprofen 800 mg tablets, and Gabapentin 300 mg capsules dispensed on May 5, 2023. In accordance with 28 TAC §133.307(c)(2), Memorial submitted medical records to support its request for reimbursement. DWC finds that this documentation does not support this request as it applies to a different date of injury than the one provided for this dispute.

In accordance with 28 TAC §133.307(d)(2), State Office of Risk Management submitted medical records not provided by the requestor. DWC finds that these records are not sufficient to support dispense for the date of service in question.

DWC concludes that 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 reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 27, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.