



Medical Fee Dispute Resolution Notice of Dismissal

General Information

Requestor Name

Memorial Wellness Pharmacy

Respondent Name

Acadia Insurance Co

MFDR Tracking Number

M4-23-2800-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 5, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Findings
November 14, 2022	70710-1226-01	\$76.58	Dismissed
November 14, 2022	67877-0319-05	\$78.03	Dismissed
November 14, 2022	70000-0306-01	\$71.78	Dismissed
	Total	\$226.39	Dismissed

Requestor's Position

"Memorial Wellness Pharmacy has received several denials for the bill with date of service 11/14/2022. The carrier denied the original bill as well, and the reconsideration based on (EXTENT OF INJURY). I have attached the EOBs as well as the documentation to prove that Memorial Wellness Pharmacy has met the requirements to receive reimbursement."

Amount in Dispute: \$226.39

Respondent's Position

"If the Requestor believes the treatment is medically necessary and appropriate for a condition that should be part of the compensable injury, it must first join that issue, then seek resolution of that dispute under Labor Code Chapter 410. And only if successful in resolving the liability dispute in its favor can Requestor pursue any remaining fee dispute. See 28 TAC 133.307(c)(1)(B)(i). Otherwise, the Requestor is not entitled to a determination of its claimed fee dispute."

Response Submitted by: Flahive, Ogden & Latson

Dismissal

Authority

This medical fee dispute is dismissed pursuant to 28 Texas Administrative Code §133.307 (f)(3) of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. Texas Labor Code, Chapter 413 sets out the rights and responsibilities related to medical dispute resolution.
2. [28 Texas Administrative Code \(TAC\) §133.240](#) sets out the requirements for submission of a medical bill.
3. [28 TAC §133.305](#) sets out the procedures for resolving medical disputes.
4. [28 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:

- B1014 – Medical Bill Not Related to Injury
- B1027 – Treatment is Not Reasonable or Necessary

Issues

1. Is this request eligible for DWC medical fee dispute resolution for the service(s) in question?

Dismissal

1. 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.

The documentation provided included a Benefit Dispute Agreement, that identified the accepted injury and the conditions that were excluded.

Whether the health care provider treated the conditions accepted under that Benefit Dispute Agreement, or whether the health care provider treated conditions that were excluded under that Benefit Dispute Agreement is not a question that can be addressed through the MFD resolution process. Specifically, 28 TAC §133.305 (b) states that an extent-of-injury dispute shall be resolved prior to the submission of a MFD.

Because the service in dispute contains unresolved extent of injury disputes, this matter is not ripe for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is dismissed.

DWC finds that good cause exists to dismiss this dispute according to 28 TAC §133.307 (f)(3).

Conclusion

Medical fee dispute M4-23-2800-01 is dismissed under the authority of §133.307 (f)(3).

Issued August 3, 2023

Texas Department of Insurance

Division of Workers' Compensation

Department of Medical Fee Dispute Resolution

Disclaimer

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of review. Though all evidence may not have been discussed, it was considered.

Rights

This dismissal is not a final decision. 28 Texas Administrative Code §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, extent of injury/relatedness, liability issue.

The correct venue for resolution of a compensability, extent of injury/relatedness, liability dispute is found at Texas Labor Code, Chapter 410, and corresponding 28 TAC §141.1.

To request resolution of a compensability, extent of injury/relatedness, liability issue, file a completed DWC Form-045 *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference (BRC)*. A copy of the form and instructions are attached.

For questions regarding this dismissal, call CompConnection for health care providers, toll free at 800-252-7031 option 3 or email CompConnection@tdi.texas.gov.