



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Wellness Pharmacy

Respondent Name

Hartford Casualty Insurance Co.

MFDR Tracking Number

M4-23-2893-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

July 14, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 14, 2022	Celecoxib 200 mg Capsules NDC 50228015805	\$512.38	\$0.00
	Tizanidine HCL 4 mg Tablets NDC 57664050389	\$145.40	\$0.00
Total		\$657.78	\$0.00

Requestor's Position

"The original bill was submitted to and received by carrier on **11/21/2022 via FAX CONFIRMATION** ... The Request for Reconsideration was submitted and received by the carrier on **02/27/2023 via FAX CONFIRMATION** ... The carrier has received the attached bill but has not processed it according to Texas Labor Code 408.027."

Amount in Dispute: \$657.78

Respondent's Position

While the Requestor has attached proof of submitting their bill timely, please note that the Requestor has submitted to the wrong Bill Review vendor/TPA ... Corvel became the TPA/Bill Review vendor for the employer in question ... on 10/1/2022. **The prior vendor was ESIS.** The Requestor documents ESIS as the vendor on their billing form and fax cover sheets ... The

Requestor should submit the bills to the correct vendor and include proof of timely filing to the prior TPA.

Response Submitted by: CorVel

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 \(TAC\) §133.20](#) sets out the procedures for submission of medical bills.
2. [28 TAC §133.210](#) sets out the requirements for medical documentation.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the reduction or denial of payment for the disputed services.

Issues

1. What are the rules pertinent to the dispute in question?
2. Is Memorial Wellness Pharmacy (Memorial) entitled to reimbursement for the services in question?

Findings

1. Memorial is seeking reimbursement for drugs dispensed on November 14, 2022. Evidence provided to DWC indicates that Memorial submitted a bill for the drugs in question to ESIS via fax.

28 TAC §133.20 states, in relevant part,

- (a) The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section.
- (b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the

health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.

28 TAC §133.210(e) states, "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other."

28 TAC §133.307(c)(2)(K) requires a requestor to submit "each explanation of benefits or e-remittance (collectively "EOB") related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB."

2. No information known by or provided to DWC supports that ESIS was the insurance carrier or the insurance carrier's agent for this claim on the date of injury in question. No evidence has been provided to DWC to support that the disputed bill was submitted to the insurance carrier as required in 28 TAC §133.20. The requestor is not eligible for reimbursement.

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

December 21, 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 electronico CompConnection@tdi.texas.gov.