

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding Rx

**Respondent Name**

New Hampshire Insurance Co.

**MFDR Tracking Number**

M4-18-4460

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

July 25, 2018

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 2, 2017	Gabapentin 300 mg Capsules	\$177.16	\$0.00
	Cyclobenzaprine 10 mg Tablets	\$155.78	\$0.00
	Total	\$332.94	\$0.00

### Requestor's Position

The above patient was prescribed medication and the carrier received and processed the bill. Carrier denied the claim and the provider submitted a request for reconsideration. The request for reconsideration in accordance with Rule 133.250 was submitted to the carrier but claim was processed and denied again ... The claim was denied for (NOT DEEMED A 'MEDICAL NECESSITY').

**Amount in Dispute:** \$332.94

### Respondent's Position

The Carrier has denied reimbursement at the purported prescribing doctor is not the injured workers' treating doctor, and there is no documentation that Dr. Nash was authorized to prescribe any medication for this patient.

**Response Submitted by:** Flahive, Ogden & Latson

## 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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.210 sets out the guidelines for medical documentation.
3. Texas Labor Code §408.021 sets out the requirements for entitlement to medical benefits.

### Denial Reasons

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

- 26K10 – Resolution manager denial
- ADJ – Prescribing doctor is not authorized
- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- 219 – Extent of injury
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### Issues

1. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

### Findings

1. Memorial is seeking reimbursement for drugs dispensed on November 2, 2017. Per documentation submitted by the respondent dated November 12, 2017, the insurance carrier requested additional documentation, stating that the "prescribing doctor is not authorized."

TLC §408.021 (c), "except in an emergency, all health care must be approved or recommended by the employee's treating doctor." No evidence was provided to support that the prescription in question was approved or recommended by the injured employee's treating doctor.

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 requester has not established that additional reimbursement is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

### Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	July 27, 2022 Date
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## 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](http://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](mailto: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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).