

MDR Tracking Number: M5-03-2195-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5/5/03.

### I. DISPUTE

Whether there should be reimbursement for prescription medication purchased by the injured worker on 12/3/02.

### II. RATIONALE

EOBs were not submitted by either party in this dispute. Per Commission Rule 133.307 (e)(2)(A-B), “(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

The requestor submitted a copy of the certified green card which is “convincing evidence of the carrier receipt of the injured worker’s request for an EOB. On this basis, the disputed bills will be reviewed on the Medical Fee Guideline.

The requestor submitted copies of the receipts for the disputed prescription medication and medical report verifying the prescribing of the medication. On this basis, reimbursement is recommended.

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for J8499 – prescription medication in the amount of **\$129.24**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$129.24** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16<sup>th</sup> day of April, 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division