



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Memorial Compounding Pharmacy

Respondent Name

American Zurich Insurance Co

MFDR Tracking Number

M4-18-1025-01

Carrier's Austin Representative

Box 19

MFDR Date Received

December 11, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...We submitted for an Appeal/Reconsideration on 10/16/2017 because we still haven't received the payment from the carrier. The carrier still hasn't/ acknowledged receipt of the reconsideration claim. ...Rule 133.307 (c) (2) indicates that if no EOB is received the carrier can still submit a dispute for processing as long as there is convincing documentation of receipt. Memorial Compounding certified USPS deliver receipt as the providers proof of the correspondence. I have included a bill specific and communication between the provider and the carrier in the form of a tracking receipt by USPS."

Amount in Dispute: \$489.96

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier has previously responded to this dispute on December 28, 2017. Memorial is an in-network provider with TMESYS. At that time, the PBM was determining whether it had previously paid Memorial. Since that time TMESYS paid Memorial in accordance with Memorial's contract with TMESYS. Attached is the remittance advice and cancelled check for the payment."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Table with 4 columns: Date of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: April 13, 2017, Compound Medication, \$489.96, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.503 sets out the reimbursement for medications.
3. Explanation of Benefits:
 Issued May 8, 2017
 - D2- Not authorized
 Issued October 25, 2017
 - P12 – Workers’ Compensation Jurisdictional Fee Schedule Adjustment.

Findings

The Division makes the following conclusions based upon the information and documentation presented to the Division to date. Even though all the evidence was not discussed, it was considered.

1. Did the carrier reimburse Memorial for the disputed services?

Memorial Compounding Rx (Memorial) states that the carrier initially denied payment based upon lack preauthorization. Review of the explanations of benefits provided finds that the carrier did not maintain its preauthorization denial and decided to issue a payment in the amount of \$489.83 to Memorial on December 28, 2017 via check number 0002106793.

The Division concludes that the carrier changed its original final action and decided to reimburse Memorial for the services.

2. Is additional reimbursement due?

The carrier reduced the billed amount to a total payment of \$489.83 citing the workers’ compensation fee schedule as its reason for the reduction. Rule at 28 Texas Administrative Code §134.503(c) applies and states, in pertinent part, that the insurance carrier shall reimburse the lesser of: (1) the fee established by the Division’s applicable formula based on the average wholesale price (AWP) as reported by a nationally recognized pharmaceutical price guide or other publication of pharmaceutical pricing data in effect on the day the prescription drug is dispensed; or (2) the amount billed to the insurance carrier.

Memorial is requesting reimbursement in the amount of \$489.96 for the disputed service. Memorial has the burden to support its request for this amount. In its original position statement, Memorial did not demonstrate how it arrived at the requested amount. After Memorial was notified by the Division’s medical fee dispute resolution program of the carrier’s response and payment, it did not take the opportunity to refute the carrier’s payment calculation. For that reason, the Division moves to resolve this dispute with the information available and concludes that no additional reimbursement can be recommended.

Conclusion

The Division concludes that Memorial has failed to support its request for additional reimbursement. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, and pursuant to Texas Labor Code Section 413.031, the division has determined that the requestor is not entitled to additional reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	February 21, 2018 Date
-----------	--	---------------------------

RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.