



**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 RX

**Respondent Name**

LM Insurance Corp

**MFDR Tracking Number**

M4-18-2806-01

**Carrier's Austin Representative**

Box 1

**MFDR Date Received**

April 2, 2018

**Response Submitted By:**

Liberty Mutual Insurance

**REQUESTOR'S POSITION SUMMARY**

"The carrier paid \$22.02 and not the full amount of \$71.92."

**RESPONDENT'S POSITION SUMMARY**

"The bill has been reviewed and Fee Schedule team has confirmed system pricing is correct based on state guidelines."

**SUMMARY OF FINDINGS**

Date of Service	Disputed Services	Amount in Dispute	Amount Due
October 10, 2017	Ibuprofen Tablet	\$71.92	\$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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes
- 28 Texas Administrative Code §134.503 sets out the reimbursement for compound medications

**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. *Is additional reimbursement due?*

Memorial Compounding Rx (Memorial) asserts that the carrier has not paid the DWC rate for the service in dispute. Memorial states that the ibuprofen in dispute should be paid in accordance with Rule 28 TAC §134.503 and that it believes that payment should equal “The fee established by the [rule] formulas based on the average wholesale price (AWP) as reported by a nationally recognized pharmaceutical price or other publication of pharmaceutical pricing [data]”

Although Memorial pointed to the applicable rule, it did not specify **which** nationally recognized pharmaceutical price guide it used to arrive at the requested reimbursement amount of \$71.92.

For that reason, no additional reimbursement can be recommended.

**Conclusion**

Memorial has the burden to prove that additional reimbursement was due. Memorial failed to provide information to support its calculation, thereby failing to meet its burden to prove that the requested amount was due. 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**

		October 2, 2019
Signature	Medical Fee Dispute Resolution Director	Date

**RIGHT TO APPEAL**

Either party to this medical fee dispute may seek review of this DWC decision. To appeal, submit form DWC045M titled ***Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*** found at <https://www.tdi.texas.gov/forms/form20numeric.html>.

Follow the instructions on pages 3 and 4. The request must be received by the DWC within twenty days of your receipt of this decision. This decision becomes final if the request for review of this decision is not timely made.

The request may be faxed, mailed, or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

If you have questions about form DWC045M, please call CompConnection at 1-800-252-7031, Option 3 or you may email your question to [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov)

Si prefieres hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, Opcion 1.