



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Memorial Compounding Pharmacy

Respondent Name

TPCIGA for Lumbermens Mutual Casualty Company

MFDR Tracking Number

M4-18-3141-01

Carrier's Austin Representative

Box Number 50

MFDR Date Received

April 30, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The original bill was submitted to carrier on 06/29/2017 ... Memorial did not receive any correspondence as per Rule 133.250 (a) we submitted a Request for Reconsideration. The reconsideration was submitted and received by the carrier on 10/12/2017 and then denied by the carrier."

Amount in Dispute: \$495.44

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "TPCIGA has reviewed the dispute and find that the date of service in question had been previously addressed for the medication Meloxicam under MDR tracking number M4-18-1137-01 that was filed on December 28, 2017 ... Under this dispute, the medications Flurbiprofen, Mefenamic Acid, & Baclofen are listed for non-payment. To date, TPCIGA has never received a bill for these medications."

Response Submitted by: Texas Property & Casualty Insurance Guaranty Association

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: June 29, 2017, Compound Medication, \$495.44, \$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. The submitted documentation does not include explanations of benefits.

Issues

Is Memorial Compounding Pharmacy (Memorial) entitled to reimbursement for the compound in question?

Findings

Memorial is seeking reimbursement for a compound consisting of the following:

Ingredients	Quantity
Flurbiprofen	6.0 mg
Meloxicam	0.18 mg
Mefenamic Acid	1.8 mg
Baclofen	3.0 mg

TPCIGA argued that “To date, TPCIGA has never received a bill for these medications.” The division finds that the documentation submitted, does not support that a bill for the disputed compound ingredients was submitted to the insurance carrier. No reimbursement can be recommended for this dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	March 6, 2019
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *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. **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.