



# 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**

American Zurich Insurance Co

**MFDR Tracking Number**

M4-18-3744-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

June 4, 2018

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "These medication due not require preauthorization therefore do not need a retrospective review."

**Amount in Dispute:** \$86.90

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "...the Carrier and PBM are currently investigating whether this bill has been previously responded to by the PBM on reconsideration. The Carrier will supplement this response upon completion of that investigation."

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

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 6, 2017	Promethazine	\$86.90	\$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 §134.530 sets out requirements of prior authorization.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider.

**Issues**

Is the insurance carrier’s denial supported?

**Findings**

The requestor is seeking reimbursement of a prescribed medication on September 6, 2017. The insurance carrier denied for lack of preauthorization.

28 TAC 134.530 (b)(1)(A) states preauthorization is only required for drugs identified with a status of "N" in the current edition of the *ODG Treatment in Workers' Comp* (ODG) / Appendix A, *ODG Workers' Compensation Drug Formulary*, and any updates;

Review of the applicable Appendix A found Promethazine has is listed as a “N” drug. The insurance carrier’s denial is supported.

No additional payment is recommended.

**Conclusion**

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has not established payment 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**

Signature	Medical Fee Dispute Resolution Officer	December 20, 2019 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 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC 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 TAC §141.1(d).

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