



# 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**

New Hampshire Insurance Company

**MFDR Tracking Number**

M4-18-3866-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

June 8, 2018

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "It looks like the carrier processed and paid only half of the total bill."

**Amount in Dispute:** \$555.68

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The bills were not sent to the proper address for the Carrier, so Memorial does not have valid documentation of receipt by the Carrier."

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

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 25, 2017	Compound Medication	\$555.68	\$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 §133.20 sets out the procedures for submission of a medical bill.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers' compensation jurisdictional fee schedule adjustment.

**Issues**

Is the requestor entitled to additional reimbursement?

**Findings**

Memorial Compounding Pharmacy is seeking reimbursement for a compound dispensed on October 25, 2017, consisting of the following ingredients:

Ingredient	Billed Charges
Baclofen	\$190.78
Amantadine	\$72.69
Gabapentin	\$204.66
Bupivacaine	\$54.72
Amitriptyline	\$32.83

Submitted documents indicate that Gabapentin, Bupivacaine, and Amitriptyline were paid in full. No additional reimbursement is recommended for these ingredients.

Flahive, Ogden & Latson argued on behalf of the insurance carrier that the bills were sent to the wrong address. No evidence was presented to support that the bill for ingredients Baclofen and Amantadine were submitted to the insurance carrier.<sup>1</sup> No reimbursement is recommended for these ingredients.

**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	October 26, 2018
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.**

<sup>1</sup> 28 Texas Administrative Code §133.20(a)