



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

OBI National Insurance Co

MFDR Tracking Number

M4-18-3939-01

Carrier's Austin Representative

Box Number 29

MFDR Date Received

June 12, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The above claimant received medication and the carrier still has not acknowledged receipt of service. The original bill was submitted to carrier on **06/23/2017 via certified mail.**"

Amount in Dispute: \$479.89

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier will stand on the denial of the charge made the basis of this medical fee dispute. The treatment/service code, 38779-2376-01 is not a valid National Drug Code (NDC) as required by 28 Texas Administrative Code §134.502(d)(1)."

Response Submitted by: DEAN G PAPPAS PLLC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 16, 2017	Pharmacy Service	\$479.89	\$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 §134.502 sets out the procedures for pharmaceutical benefits.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 00391 – (181) Procedure code was invalid on the date of service
 - 181 – (181) Procedure code was invalid on the date of service

Issues

1. Is Memorial Compounding Pharmacy RX (Memorial) eligible for reimbursement of the disputed services?

Findings

1. Memorial is seeking reimbursement of \$479.88 for Meloxicam, represented by NDC 38779-2376-01, dispensed on June 16, 2017. OBI National Insurance Co denied the disputed service with claim adjustment reason code 00391 – “(181) Procedure code was invalid on the date of service” and 181 – “(181) Procedure code was invalid on the date of service.” The division finds that NDC 38779-2376-01 is not a valid NDC as required by 28 Texas Administrative Code §134.502(d)(1). Therefore, Memorial is not entitled to reimbursement for the disputed service.

Conclusion

The outcome of this medical fee dispute relied upon the evidence presented by the requestor and the respondent at the time of adjudication. Though all the evidence may not have been discussed, it was considered.

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	Date
		<u>7/26/2018</u>

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.