



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

TASB Risk Management Fund

MFDR Tracking Number

M4-18-4171-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

July 2, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Memorial Compounding Pharmacy is not register as an outsourcing facility. Therefore, 503A applies and exempts the compounding cream in dispute."

Amount in Dispute: \$498.15

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier requested a letter of medical necessity to support the need for the compound powder form of the drug Tramadol over the pill form ... the medications listed on the request for medical fee dispute were not listed on the original pharmacy bill. The original pharmacy only contained Tramadol 100% as the drug being prescribed."

Response Submitted by: TASB Risk Management Fund

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 25, 2017	Compound Medication	\$498.15	\$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. 28 Texas Administrative Code §133.20 sets out the procedures for submitting a medical bill.
3. 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of a medical bill.
4. 28 Texas Administrative Code §133.250 sets out the procedures for reconsideration of a medical bill.

Issues

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

Findings

Memorial is seeking reimbursement for a compound dispensed on October 25, 2017, with the following ingredients:

- Meloxicam
- Flurbiprofen
- Tramadol HCl
- Cyclobenzaprine HCl
- Bupivacaine HCl

The insurance carrier argued that “the medications listed on the request for medical fee dispute were not listed on the original pharmacy bill. The original pharmacy only contained Tramadol 100% as the drug being prescribed.” The greater weight of evidence supports that a bill for the compound ingredients considered in this dispute were not submitted to the insurance carrier. For this reason, no reimbursement can be recommended.

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

Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	May 6, 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 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.