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
Harris County

MFDR Tracking Number
M4-18-4177-01

Carrier's Austin Representative
Box Number 21

MFDR Date Received
July 2, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The original claim was denied on 11/8/2017 code 16 based on invalid NDC. An appeal was submitted on 4/5/2018."

Amount in Dispute: $489.96

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The first bill submitted for this date of service October 25, 2017 was for one compound drug in the amount of $150. The bill was denied because it did not list each drug separately or calculated the charge for each drug… …The provider then submitted a second bill and called it a reconsideration of the first bill. The second bill listed 5 medications and the total reimbursement amount was $489.96. The second bill was a corrected bill, not a reconsideration of the original bill and was not timely."

Response Submitted by: Thornton, Biechlin, Reynolds, & Guerra

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 25, 2017	Compound Medication	$489.96	$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 claim filing requirements for medical bills.
3. 28 Texas Administrative Code §134.502 sets out the requirements for submitting pharmacy claims.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication

- 29 – The time limit for filing has expired

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?

Findings

The requestor submitted a DWC060 that indicates a date of service of October 25, 2017 for compounded medication that totals $489.96. The insurance carrier denied disputed services with claim adjustment reason codes 16 – "Claim/service lacks information or has submission/billing errors(s) which is needed for adjudication and 29 – "The time limit for filing has expired."

Review of the submitted documentation finds a DWC066 for October 25, 2017. The information in box 27 is listed as BACL09AMANT5GAB6BUP2AMITRIP3% and a total of $150 in box 29. The carrier received this bill on November 2, 2017 and denied as 16 – "Claim/service lacks information or has submission/billing error(s) which is needed for adjudication."

28 Texas Administrative Code §134.502 (d) states in pertinent part,

> Pharmacies and pharmacy processing agents shall submit bills for pharmacy services in accordance with Chapter 133 (relating to General Medical Provisions) and Chapter 134 (relating to Benefits--Guidelines for Medical Services, Charges, and Payments.
>
> (1) Health care providers shall bill using national drug codes (NDC) when billing for prescription drugs.
>
> (2) Compound drugs shall be billed by listing each drug included in the compound and calculating the charge for each drug separately.

Review of the submitted information finds that the carrier's denial is correct as the NDC listed in box 22 of the DWD066 was 38779038809 is only for Baclofen not BACL09AMANT5GAB6BUP2AMITRIP3%.

The requestor submitted a DWC066 marked as reconsideration that details Gabapentin, Amitriptyline, Baclofen, Amantadine and Bupivicaine for DOS October 25, 2017 in the amount of $489.96. Insufficient evidence was found to support a claim for these services for this amount was previously received and processed by the carrier.

28 Texas 133.20 (b) states in pertinent part,

> Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

The date of service is October 25, 2017. The date received by the carrier is April 9, 2018. This date is past the 95 day filing deadline. The carrier's denial is supported. No additional payment is 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	Medical Fee Dispute Resolution Officer	August 2, 2018 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.