TDI Division of Workers' Compensation

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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Memorial Compounding Rx

Respondent Name
New Hampshire Insurance Co.

MFDR Tracking Number
M4-18-4276-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
July 12, 2018

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 14, 2017	Pharmaceutical Compound	$555.68	$0.00

Requestor's Position

The explanation of benefits was not accompanied with a PLN11 of the denial and date filled. There is no PLN11 attached that was processed prior to the services being rendered.

Amount in Dispute: $555.68

Respondent's Position

The Carrier has denied reimbursement at the purported prescribing doctor is not the injured workers' treating doctor, and there is no documentation that Dr. Nash was authorized to prescribe any medication for this patient.

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.210 sets out the guidelines for medical documentation.
3. Texas Labor Code §408.021 sets out the requirements for entitlement to medical benefits.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 26K10 – Resolution manager denial
- ADJ – Prescribing doctor is not authorized.
- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- ADJ – Pre-authorization absence – *N drug
- 219 – Based on extent of injury
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

Findings

1. Memorial is seeking reimbursement for drugs dispensed on November 14, 2017. Per explanations of benefits dated December 1, 2017, the insurance carrier denied payment, in part, stating, "the doctor is not authorized to prescribe medication."

   TLC §408.021 (c), "except in an emergency, all health care must be approved or recommended by the employee's treating doctor." No evidence was provided to support that the prescription in question was approved or recommended by the injured employee's treating doctor.

   DWC concludes that no reimbursement can be recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor

and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	July 27, 2022 Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electronico CompConnection@tdi.texas.gov.