



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

Dolgencorp of Texas, Inc.

MFDR Tracking Number

M4-18-4671-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 2, 2018

REQUESTOR'S POSITION SUMMARY

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

Amount in Dispute: \$274.41

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Memorial acknowledges that payment was made on this bill, yet fails to reflect that payment in its Table of Disputed Services ... Memorial submitted some of the bills for this script to MyMatrix, and perhaps partial payment was made there. The Self-Insured will assume payment has been made in full."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 12, 2017	Compound Medications	\$274.41	\$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 (DWC).

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.503 sets out the fee guidelines for pharmaceutical services.
3. The submitted documentation did not include explanations of benefits.

Issues

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

Findings

Memorial is requesting reimbursement in the amount of \$274.41 for the disputed compound. Memorial stated that “the carrier processed and paid only half of the total bill.”

Memorial has the burden to support its request for the requested amount. In its position statement, Memorial did not demonstrate how it arrived at the requested amount or whether that amount is consistent with the methodology under 28 TAC §134.503(c).

After notification by Flahive, Ogden & Latson of the carrier’s response regarding payment, Memorial did not take the opportunity to refute the carrier’s argument that payment had been made.

For that reason, the DWC moves to resolve this dispute with the information available and concludes that no additional 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

	Laurie Garnes	January 3, 2019
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.