



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 RX

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-18-5178-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 24, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "These medications do not require preauthorization therefore do not need a retrospective review."

Amount in Dispute: \$566.53

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Medical Necessity Dispute is unresolved."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 13, 2018	Compound Medication	\$566.53	\$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. The compound in question was denied during prospective review for medical necessity.
2. The insurance carrier attached documentation that supports an adverse determination as required by 28 Texas Administrative Code §133.307 (d)(2)(I).

Findings

Memorial Compounding Rx (Memorial) is requesting reimbursement for a compound medication. Preauthorization is required for any compound drug prescribed prior to July 1, 2018, that contains a drug with a

status of "N" in the current edition of the *ODG Treatment in Workers' Comp* (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary.¹

The compound in question did not contain a drug with a status of "N." However, submitted documents support that the health care provider voluntarily requested preauthorization from the insurance carrier.² The insurance carrier provided a copy of a utilization review³ that was provided to Memorial prior to or concurrent with the processing of the medical bill⁴ in question.

The requestor's preauthorization was denied for medical necessity. The evidence shows that both the prescriber and Memorial were notified of the denial. There is no evidence that the prescriber or Memorial appealed the denial.

The DWC finds that Memorial is not entitled to reimbursement for the compound in question.

Conclusion

For the reasons stated above, the DWC 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 DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	<u>Laurie Garnes</u>	<u>March 12, 2020</u>
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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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.

¹ 28 TAC §134.530 (b)(1)(C)

² 28 TAC §134.600 (r)

³ 28 TAC, Chapter 19

⁴ 28 TAC §133.240