



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

American Casualty Company of Ready PA

MFDR Tracking Number

M4-19-1814-01

Carrier's Austin Representative

Box Number 57

MFDR Date Received

November 28, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The original bill was submitted to carrier on 08/07/2018 ... Memorial did not receive any correspondence as per Rule 133.250 (a) we submitted a Request for Reconsideration. The reconsideration was submitted and received by the carrier on 10/25/2018 and then denied by the carrier."

Amount in Dispute: \$292.22

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Memorial should send its bill directly to the PBM."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: July 27, 2018, Compound Medication, \$292.22, \$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 §133.20 sets out the procedures for submitting medical bills.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. The documentation submitted to the division does not include explanations of benefits.

Issues

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

Findings

Memorial is seeking reimbursement for a compound dispensed on July 27, 2018. Memorial is required to submit all medical bills to the insurance carrier within 95 days from the date of service.¹

Documentation submitted to the division includes the return address side of a USPS return receipt with the name of the injured employee and date of service relating to this dispute. The attached tracking number is 9590940240748092175720.

Submitted documentation also includes the signature side of a USPS return receipt with tracking number 70180680000023722727.

No evidence was provided to support that a medical bill for the compound ingredients in question were submitted to the insurance carrier. 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

	Laurie Garnes	February 6, 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.

¹ 28 Texas Administrative Code §133.20(a)