



# 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

AMERISURE INSURANCE COMPANY

MFDR Tracking Number

M4-19-1974-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

December 6, 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: \$798.06

#### RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "we agree with the disputed amount in question. A check has been issued on 12/17/18 for the disputed amount with interest for \$595.77."

Response Submitted by: Amerisure Insurance

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
May 30, 2018	Pharmacy Services	\$583.86	\$0.00

#### FINDINGS AND DECISION

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

#### **Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.503 sets out the fee guideline for pharmacy services.
- The insurance carrier denied payment based on the following claim adjustment code:
  - 197 – PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/AUTHORIZATION. COMPOUND DRUGS CONSIDERED EXPERIMENTAL. PREAUTHORIZATION REQUIRED.

#### **Findings**

Based on the information presented to MFDR by the parties up to the date of review, the division makes the following findings. Even though not all the evidence was discussed, it was considered.

*Did the carrier reimburse Memorial for the disputed services?*

Memorial Compounding Pharmacy (Memorial) asserts the carrier has not paid for the services in dispute. Review of the submitted explanations of benefits (EOBs) finds the carrier initially denied payment for the disputed services based on lack of preauthorization; however, upon reconsideration, the carrier did not maintain its original denial reason and issued payment of \$595.77 to Memorial on December 17, 2018 via electronic funds transfer.

The submitted evidence supports that Memorial received the payment.

The division further notified Memorial of the carrier's payment and asked the requestor to respond with any additional information pertaining to this dispute. To date, Memorial has not responded.

Based on the information available at the time of review, additional reimbursement cannot be recommended.

**Conclusion**

The division concludes that the requestor has been paid the amount due for the service in dispute.

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**

_____	<u>Grayson Richardson</u>	<u>January 18, 2019</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.

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 form's instructions. 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 on the form, or to the field office handling the claim.

A party seeking review of this decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. The request must include a copy of this *Medical Fee Dispute 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.