



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

Texas Mutual Insurance Company

MFDR Tracking Number

M4-20-1298-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

January 24, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Memorial Compounding Pharmacy has met the requirements to receive reimbursement."

Amount in Dispute: \$815.97

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Submitted documentation does not include a position statement from the respondent. Accordingly, this decision is based on the information available at the time of adjudication.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 15, 2019	Pregabalin 300 mg Capsules	\$815.97	\$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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.530 sets out the preauthorization requirements for pharmaceutical services.
- The insurance carrier denied payment for the disputed based on preauthorization and billing errors.

Issues

1. Did Texas Mutual Insurance Company respond to the medical fee dispute?
2. Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the drug in question?

Findings

1. Texas Mutual Insurance Company received the copy of this medical fee dispute on February 3, 2020. If the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.¹

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

2. Memorial is seeking reimbursement for Pregabalin 300 mg capsules dispensed on October 15, 2019. The insurance carrier denied payment based, in part, on preauthorization.

Preauthorization is only required for:

- drugs identified with a status of “N” in the current edition of the ODG Appendix A²;
- any prescription drug created through compounding prescribed before July 1, 2018 that contains a drug identified with a status of “N” in the current edition of the ODG Appendix A, and any updates;
- any prescription drug created through compounding prescribed and dispensed on or after July 1, 2018; and
- any investigational or experimental drug.³

The DWC finds that a form of Pregabalin has a status of “N” in the current edition of the ODG Appendix A. Memorial provided no evidence to refute this status. Therefore, the DWC finds that the drug in question required preauthorization. No evidence was submitted to support that preauthorization was requested or obtained before dispensing the drug.

The DWC concludes that Memorial is not entitled to reimbursement for this dispute.

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

	Laurie Garnes	xxx
Signature	Medical Fee Dispute Resolution Officer	Date

¹ 28 TAC §133.307(d)(1)

² ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary

³ 28 Texas Administrative Codes §§134.530 (b)(1) 134.540 (b)

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.