



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

New Hampshire Insurance Co

MFDR Tracking Number

M4-20-1962-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

April 13, 2020

REQUESTOR'S POSITION SUMMARY

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

Amount in Dispute: \$268.36

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier received no request for preauthorization for this "N" drug (levetiracetam) and is not liable for payment."

Response submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 24, 2020	Oral medication	\$268.36	\$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

- 28 Texas Administrative Code 28 §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code 28 TAC §134.530 sets out requirements for pharmacy prior authorization.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 197 – 4121 – Preauthorization is required for drugs identified with a status of "N" in the current edition of the "Official Disability Guidelines Treatment in workers' comp" (ODG) Appendix A

Issues

Is the insurance carrier’s denial of payment supported?

Findings

The requestor is seeking reimbursement of for oral medication dispensed January 24, 2020. The insurance carrier denied the service for lack of preauthorization. 28 §TAC 134.530 (b) states in pertinent part preauthorization is required for drugs identified with a status of "N" in the current edition of the *ODG Treatment in Workers' Comp (ODG) / Appendix A*. Review of Appendix A for the disputed date of service found the disputed medication (levetiracetam) is listed as a “N” drug. Prior authorization was required.

Review of the submitted documentation found insufficient evidence to support this service received prior authorization as required. The insurance carrier’s denial is supported.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has not established payment 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

Signature	Medical Fee Dispute Resolution Officer	May 8, 2020 Date
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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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to 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 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.