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
Arch Indemnity Insurance Co

MFDR Tracking Number
M4-21-1352-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
April 5, 2021

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "…the carrier cannot change from the original denial."

Amount in Dispute: $490.36

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Attached is a copy of the non-certification letter from utilization review that supports our position that the bill was properly denied. There is no evidence that a timely appeal was filed.

Response Submitted by: ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 12, 2021	Oral Medication	$490.36	$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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.530 sets out the guidelines for pharmacy service.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - W-9 Unnecessary treatment with peer review

Issues

Is the insurance carrier's denial of payment supported?

Findings

The requestor is seeking reimbursement of oral medication dispensed January 12, 2021. The insurance carrier denied the disputed service based on a peer review. 28 TAC 134.530 (g) states in pertinent part drugs that do not require preauthorization are subject to retrospective review for medical necessity. Review of the submitted documentation found on January 25, 2021 a utilization review was performed that found each medication in dispute was non-certified.

28 TAC 134.530 (g) (2) states in pertinent part denials must be supported by documentation of evidence-based medicine that outweighs the presumption of reasonableness. The afore mentioned utilization review meets the requirements of the rule. No payment is recommended.

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

		April 26, 2021
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 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.