

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding
RX

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-21-2430-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

August 26, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 21, 2021	Oral Medication	\$202.85	\$0.00
May 21, 2021	Oral Medication	\$118.21	\$0.00
May 21, 2021	Oral Medication	\$233.31	\$0.00
Total		\$554.37	\$0.00

Requestor's Position

Memorial Compounding has provided service and met all requirements to receive reimbursement.

Amount in Dispute: \$554.37

Respondent's Position

The Austin carrier representative for Old Republic Ins Co is White Espey. The representative was notified of this medical fee dispute on August 31, 2021.

Per 28 Texas Administrative Code §133.307(d)(1), 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.

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

Findings and Decision

Authority

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

Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.500 defines prescription drugs.
3. 28 TAC §134.530 sets out the requirements of prior authorization.

Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- B13 – The provider has billed for the exact services on a previous bill
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- E1 – The provider does not appear to have a valid Drug Enforcement Agency (DEA) ID on file. As the service rendered is a drug item classified by the DEA as a federally controlled substance, it is recommended the provider submit an undated DEA ID in order to remain compliant
- E3 – The provider dispensed a drug item classified by the Drug Enforcement Agency (DEA) as a federally controlled substance with a DEA Class of CI, CII, or DV. The Controlled Substances Act monitors these classes of drugs due to the high abuse potential.

Issues

1. Is the requestor's position supported?
2. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement for oral medication dispensed May 21, 2021. The insurance carrier denied as a duplicate, and lack of required DEA license. The insurance company indicates lack of Drug Enforcement Agency (DEA) identification. The requestor states, "I have I have attached the EOB's as well as the documentation to prove that Memorial Compounding Pharmacy has met the requirements to receive reimbursement."

Review of the submitted information found no evidence to support the requestor met the

requirements of 28 TAC §134.500 (12)(A) which defines how the prescription must be legally prescribed under federal or state law or Texas Administrative Code, Texas State Board of Pharmacy, Chapter 315 which defines the requirements for controlled substance prescribing. The requestor's position is not supported for the Opioid drug Hydrocodone/acetaminophen.

2. DWC Rule §134.530 (b) states in pertinent part that preauthorization is required for drugs identified with a status of "N" in the current edition of Appendix A, ODG Workers' Compensation Drug Formulary. Review of the applicable Appendix A found the following:

Drug Class	Generic Name	Brand Name	Gener Equiv	Status
NSAIDs	Meloxicam	Mobic ®	Yes	Y
NSAIDs	Meloxicam	Vivlodex ®	No	N
Muscle relaxants	Tizanidine	Zanaflex ®	Yes	N

The submitted documentation was insufficient to support the medication, Meloxicam was the brand that did not require prior authorization or that the medication, Tizanidine received the required prior authorization. No payment can be recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 19, 2021

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC

must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electronico CompConnection@tdi.texas.gov.