



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding  
RX

**Respondent Name**

National Union Fire Ins Co of Pittsburgh PA

**MFDR Tracking Number**

M4-22-0620-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

November 30, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 3, 2021	Oral medication	\$152.55	\$0.00
<b>Total</b>		\$152.55	\$0.00

### Requestor's Position

The carrier denied the original bill as well, and the reconsideration based on early refill. I have attached the EOB's as well as the documentation to prove that Memorial Compounding Pharmacy has met the requirements to receive reimbursement

**Amount in Dispute:** \$152.55

### Respondent's Position

The Austin carrier representative for National Union Fire Ins co of Pittsburgh is Flahive Ogden and Latson who was notified of this medical fee dispute on January 7, 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 §134.503 sets out the fee guidelines for oral medications.

## Denial Reasons

The explanation of benefits submitted with the request for MFDR had the following denial reasons:

- 79 – Refill too soon
- 197 – Precertification/authorization/notification/pre-treatment absent

## Issues

1. What rule(s) apply to disputed services?

## **Findings**

1. The requestor is seeking reimbursement for oral medication dispensed in September 2021. The insurance company denied the claim for filled too soon and lack of authorization.

DWC Rule 28 Texas Administrative Code §134.530(b) (a) (A) states in pertinent part, preauthorization is only required for drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary, and any updates.

Review of the applicable Appendix A found:

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

The submitted documentation was insufficient to support which brand of medication was dispensed. The insurance carrier's denial is supported no payment is 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 requestor 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

_____	_____	March 7, 2022
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 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](http://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](mailto: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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).