



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Pharmacy

Respondent Name

Fedex Ground Package System Inc

MFDR Tracking Number

M4-22-1133-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 10, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 1, 2021	00364-2069-01	\$79.30	\$0.00
		\$79.30	\$0.00

Requestor's Position

"The carrier denied the reconsideration based on the claim lacks information which is needed for adjudication. In addition, this claim needs a valid NDC number."

Amount in Dispute: \$79.30

Respondent's Position

The Austin carrier representative for Fedex Ground Package System Inc. is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on February 16, 2022.

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 billing guidelines for pharmacy services.
3. 28 TAC §133.20 sets out the requirements of medical bill submission.

Denial Reasons

- 77 - Discontinued NDC number

Issues

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

Findings

1. The requestor is seeking reimbursement for oral medication dispensed December 1, 2021. The insurance company denied the disputed medication based on the NDC number being invalid. DWC Rule TAC 01§134.503 (b) states in pertinent part, for coding, billing, and reimbursement of prescription drugs Texas workers' compensation system participants shall apply the Provisions of Chapter 133 and 134 of this title.

DWC Rule 28 TAC §133.20 (c) states a health care provider shall include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitting medical bills.

Review of the submitted DWC066 found the requestor indicates the NDC number 0034-2069-01 for date of service December 2, 2021. No record for this NDC was found to support the amount billed by the requestor was per the applicable fee guideline.

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

_____	<u>Peggy Miller</u>	<u>May 11, 2022</u>
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. 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 electrónico CompConnection@tdi.texas.gov.