

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MEMORIAL
COMPOUNDING RX

Respondent Name

SENTINEL INSURANCE COMPANY LTD

MFDR Tracking Number

M4-22-1188-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

February 17, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 01, 2021	Hydrocodone APAP	\$77.74	\$0.00
Total		\$77.74	\$0.00

Requestor's Position

"The above claimant received medication and the carrier still has not acknowledged receipt of service. The original bill was submitted to carrier on 12/06/2021. The Texas Labor Code Section 408.027 (b) requires that the carrier must pay, reduce, deny or determine to audit the health provider's claim no later than the 45th day ... The carrier denied the reconsideration based on claim not processed."

Amount in Dispute: \$77.74

Respondent's Position

"Please accept this letter as a response to the above dispute. The original bill was denied as not authorized in error per Express Scripts. The bill was reprocessed under on 217754735 and paid per fee on 3/4/22 in the amount of \$29.30."

Response Submitted by: The Hartford

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 Texas Administrative Code §134.503 sets out the reimbursement for compound medications.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 85 – claim not processed
- 75 – Prior authorization required
- 77 – Discounted NC number
- P12 – Workers Compensation Jurisdictional Fee Schedule adjustment
- 4282 – Drugs identified with a status of "Y" in the current edition of the 'Official Disability Guidelines treatment in Workers Comp' (ODG) / Appendix A ODG Workers Compensation Drug Formulary identify a drug that can dispensed without preauthorization. The allowance has been determined in according to the pharmacy fee guidelines

Issues

1. Is MEMORIAL COMPOUNDING RX entitled to additional reimbursement?

Findings

1. Memorial is seeking additional reimbursement for Hydrocodone dispensed December 01, 2021. Review of the documentation provided by in the insurance carrier indicates a payment made in the amount of \$29.30.

The insurance carrier is required to pay the lesser of the DWC's pharmacy formulary based on the average wholesale price (AWP) as reported by a nationally recognized pharmaceutical price guide or other publication of pharmaceutical pricing data in effect on the day the prescription drug is dispensed, or the billed amount.

Memorial is requesting an additional reimbursement of \$77.74 for the disputed drug. Memorial has the burden to support its request for this amount. Memorial did not demonstrate how it arrived at the requested amount or whether that amount is consistent with the methodology under 28 TAC §134.503 (c) in its position statement.

After notification by the DWC's medical fee dispute resolution program of the insurance carrier's response and payment, Memorial did not take the opportunity to refute the carrier's payment calculation. The DWC finds that no additional reimbursement 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

[Redacted Signature]

Signature

[Redacted Name]

Medical Fee Dispute Resolution
Officer

May 20, 2022

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.