

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MEMORIAL
COMPOUNDING RX

Respondent Name

FEDERAL INSURANCE CO

MFDR Tracking Number

M4-22-1771-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

April 19, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 28, 2022	Diclofenac Sodium Topical Gel 1%	\$90.48	\$0.00

Requestor's Position

Memorial Compounding Pharmacy has received several denial for bill with date of service 01/28/2022 ... 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: \$90.48

Respondent's Position

The Austin carrier representative for Federal Insurance Co is Downs Stanford PC. Downs Stanford PC was notified of this medical fee dispute on April 26, 2022. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.530 sets out the requirements for use of the closed formulary for claims not subject to certified networks .

Denial Reasons

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

- 90147 – Claim not covered by this payee/contractor. You must send the claim to the correct payer/contractor
- Zk10 – Resolution Manager Denial
- 109 – Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor
- 242 – Services not provided by network/primary care provider
- 90563 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment
- 4190 – A pharmacist shall dispense no more than a 90-day supply of a prescription medicine

Issues

1. Is the insurance carrier denial of 109 (see above for description) supported?
2. Is MEMORIAL COMPOUNDING RX entitled to reimbursement?

Findings

1. Insurance carrier denied the disputed service with denial reason with 109 (see above for description). Review of submitted documentation finds insufficient evidence to support the claim is enrolled in a certified health care network. Therefore, the denial is not supported.
2. MEMORIAL COMPOUNDING RX is requesting reimbursement for Diclofenac Sodium Topical Gel 1% dispensed on January 28, 2022.

DWC Rule 28 Texas Administrative Code §134.530(b)(1)(A) states

(1) Preauthorization is only required for:

(A) 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 Appendix A found the following:

Drug Class	Generic Name	Brand Name	Gener Equiv	Status
NSAIDs	Diclofenac sodium topical	Pennsaid	Yes	N

Insufficient evidence was found to support the medication in dispute received the required prior authorization or did not require prior authorization.

Therefore, 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



Signature



Medical Fee Dispute Resolution
Officer

June 21, 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.