

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MEMORIAL
COMPOUNDING RX

Respondent Name

XL SPECIALTY INSURANCE CO

MFDR Tracking Number

M4-22-2350-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 1, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 7, 2022	Ondansetron HCL 4 mg tablet	\$1,509.50	\$0.00

Requestor's Position

The above claimant received medication and Carrier denied the request indicating that the bill has been returned ... This claim has been denied incorrectly.

Amount in Dispute: \$1,509.50

Respondent's Position

Insurance Carrier did not respond to the DWC-60 request.

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 of prior authorization.
3. 28 TAC §§134.530 and 134.540 set out the requirements for preauthorization of pharmaceutical services.

Denial Reasons

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

- HE70 – Product/Service not covered

Issues

1. Did the insurance carrier respond to the DWC-60 request?
2. Is MEMORIAL COMPOUNDING RX entitled to additional reimbursement?

Findings

1. The Austin carrier representative for XL Specialty Insurance is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on July 6, 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).
2. Memorial is seeking reimbursement for Ondansetron HCL dispensed on April 7, 2022. Insurance carrier denied payment for service not covered.

Drugs that have a status of "N" in the current edition of the ODG Appendix A1 require preauthorization. The DWC finds that Ondansetron includes a status of "N" in the relevant edition of the ODG Appendix A.

Memorial made no argument to support that the dispensed drug does not have a status of "N". No evidence of receipt of preauthorization for this drug was submitted to the DWC. No 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.

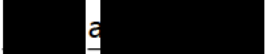
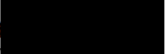
DWC finds the requester has not established that additional reimbursement is due.

Order

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

Authorized Signature


Signature

 a 
Medical Fee Dispute Resolution
Officer

October 14, 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 electronico CompConnection@tdi.texas.gov.