



# TEXAS DEPARTMENT OF INSURANCE

## Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Memorial Compounding Pharmacy

**Respondent Name**

New Hampshire Insurance Company

**MFDR Tracking Number**

M4-18-1760-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

February 1, 2018

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "You denied this claim indicating that the claim lacks information which is needed for adjudication. In addition this claim needs a valid NDC number for the compounding fee.

I have attached a copy of the bill showing we have NDC information (**38779-2376-01**)."

**Amount in Dispute:** \$495.44

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Our bill audit company has determined no further payment is due ... This procedure code or National Drug Code (NDC) is not valid for this date of service."

**Response Submitted by:** Gallagher Bassett

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 25, 2017	Meloxicam 100%	\$495.44	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.502 sets out the requirements for pharmaceutical bills.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 181 – Procedure code was invalid on the date of service.
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

**Issues**

Is Memorial Compounding Pharmacy (Memorial) entitled to reimbursement for the disputed service?

**Findings**

Memorial is seeking reimbursement of \$495.44 for Meloxicam 100%, represented by NDC 38779237601, dispensed on May 25, 2017. New Hampshire Insurance Company denied the disputed service with claim adjustment reason code 181 – “Procedure code was invalid on the date of service.” The division finds that NDC 38779237601 is not a valid NDC as required by 28 Texas Administrative Code §134.502(d)(1). Therefore, Memorial is not entitled to reimbursement for the disputed service.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

	Laurie Garnes	March 22, 2018
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 in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**