



# 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 RX

**Respondent Name**

PA Manufacturers Assn Ins Co

**MFDR Tracking Number**

M4-19-0073-01

**Carrier's Austin Representative Box**

BOX 19

**Fee Dispute Request Received**

September 7, 2018

**Response Submitted by:**

No response

#### REQUESTOR POSITION SUMMARY

"The carrier has received the attached bill and has not processed according to Texas Labor Code 408.027."

#### NO RESPONDENT POSITION SUMMARY

The carrier's representative acknowledged receipt of a copy of the medical fee dispute on September 14, 2018; however, no response was made.

#### SUMMARY OF REQUEST AND DIVISION ORDER

Disputed Date of Service	Disputed Service	Disputed Amount	Division Order
March 28, 2018	Medications	\$293.11	\$222.75

#### AUTHORITY

Texas Labor Code §413.031 (c). In resolving disputes over the amount of payment due for medically necessary services for treatment of the compensable injury, the role of the medical fee dispute resolution program is to adjudicate the payment given the relevant statutory provisions and commissioner rules.

#### Background

1. 28 Texas Administrative Code §133.2 defines a complete medical bill.
2. 28 Texas Administrative Code §133.10 sets out the minimum requirements for a complete medical bill.
3. 28 Texas Administrative Code §124.1 sets out the carrier's duty to provide written notice of injury to the division.
4. 28 Texas Administrative Code §134.503 sets out the fee guidelines for pharmacy services.
5. No evidence of an EOB.

#### Findings

The provider, MEMORIAL COMPOUNDING RX, presented evidence sufficient to support that it requested payment from PA Manufacturers Assn Ins Co [carrier] for a medications provided to a covered injured employee. The carrier did not pay, reduce, or deny the complete medical bill in 45 days. MEMORIAL then asked for reconsideration and requested an EOB as required.<sup>1</sup> Again the carrier failed to respond. Memorial then filed for medical fee dispute

<sup>1</sup> 28 Texas Administrative Code §133.250

resolution (MFDR).

1. Did the carrier timely pay, reduce or deny the services in dispute?

It is the duty of the workers' compensation insurance carrier or an agent acting on the carrier's behalf to pay, reduce, or deny a complete medical bill within 45 days from the date of receipt. A complete medical bill is defined at §133.2(4) which states that a complete medical bill is one that contains all required fields specified in §133.10. The instructions for a complete pharmacy bill are located in paragraph (f)(3) of §133.10.

The evidence provided by the parties prove that the pharmacy bill submitted by Memorial to the carrier meets the definition of a complete medical bill. The insurance carrier failed to timely pay, reduce or deny a complete medical bill. The carrier also failed to take final action<sup>2</sup>, and failed to issue an explanation of benefits (EOB) in the form and manner required by 28 TAC §133.240.<sup>3</sup>

Absent any evidence that PA Manufacturers Assn Ins Co or an agent acting on PA Manufacturers Assn Ins Co's behalf timely presented any defenses to the provider that conform with the requirements of Title 28, Part 2, Chapter 133, Subchapter C, the Division finds that the medications are eligible for reimbursement.

2. What is the total reimbursement for the service in dispute?

Rule 28 Texas Administrative Code §134.503 applies to the reimbursement for medications.<sup>4</sup> The listing of the medications in dispute is found on the medical bill.<sup>5</sup>

The calculation of the total allowable amount is as follows:

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed / Tablets	AWP Formula	Billed Amt	Lesser of AWP and Billed
Cyclobenzaprine	65162054150	G	\$1.09	30	\$40.88	\$90.26	\$40.88
Meloxicam	29300012510	G	\$4.85	30	\$181.88	\$202.85	\$181.88
						Total	\$222.75

The total reimbursement is therefore \$222.75. This amount is recommended.

**Decision**

For the reasons above, the division finds that reimbursement is due. As a result, the amount ordered is \$222.75.

**DIVISION ORDER**

The division has determined that the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$222.75, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Director

March 15, 2019  
Date

<sup>2</sup> 28 Texas Administrative Code §133.2 (6) Final action on a medical bill-- (A) sending a payment...(B) denying a charge on the complete medical bill.

<sup>3</sup> 28 Texas Administrative Code §133.240 (e) The insurance carrier shall send an explanation of benefits

<sup>4</sup> 28 Texas Administrative Code §134.503

<sup>5</sup> 28 Texas Administrative Code §134.502 (d)(2)

### **RIGHT TO APPEAL**

Either party to this medical fee dispute may seek review of this division decision. To appeal, submit form division Form-045M titled ***Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*** found at <https://www.tdi.texas.gov/forms/form20numeric.html>.

Follow the instructions on pages 3 and 4. The request must be received by the division within twenty days of your receipt of this decision. This decision becomes final if the request for review of this decision is not submitted within twenty days.

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.

If you have questions about the division Form-045M, please call CompConnection at 1-800-252-7031, Option 3 or you may email your question to [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov)

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, Option 1.